



## The Clinic Auxanomen Printable Donation Form

**Yes, I would like to help provide endocrinology and diabetes specialty care to the uninsured and underinsured community in East Austin. Please find enclosed my tax deductible contribution of:**

\_\_\_ My one time gift of  
\_\_\_ \$50      \_\_\_ \$100      \_\_\_ \$250      \_\_\_ \$500      \_\_\_ \$1000      \_\_\_ Other

\_\_\_ I pledge a gift of \$\_\_\_ per month.

\_\_\_ I want to organize a fundraiser. Please contact me at \_\_\_\_\_.

\_\_\_ Please save a stamp and send Thank You acknowledgement letters and information through my email address below.

*Please print clearly*

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Please make checks payable to Auxanomen and mail to:**

Auxanomen  
2105 Parker Lane  
Austin, TX 78741-3807

**Auxanomen is a 501(c)(3) nonprofit corporation established to provide endocrinology and diabetes specialty care for uninsured and underinsured adults located in the East Austin community.**

**All donations are tax-deductible.**