



# CARLOS OTIS STRATTON MOUNTAIN MEDICAL CLINIC

P.O. Box 617, Stratton Mountain, Vermont 05155  
802-297-2300 Fax: 802-297-3412

## Donor Information

Name \_\_\_\_\_

Company \_\_\_\_\_

Email \_\_\_\_\_

Phone (w) \_\_\_\_\_ Phone (h) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Country (if not USA) \_\_\_\_\_

## Method of Payment

Check enclosed. Please make check payable to: Carlos Otis Stratton Mountain Clinic

Visa       MasterCard       American Express

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_

## Donation Amount

- |   |          |
|---|----------|
| <input type="checkbox"/> ◆◆ Moon Dance                        | \$25,000 |
| <input type="checkbox"/> ◆ Dancing Bear                       | \$15,000 |
| <input type="checkbox"/> ■ Buckshot                           | \$5,000  |
| <input type="checkbox"/> ● Home Run                           | \$1,000  |
| <input type="checkbox"/> ● Beeline                            | \$500    |
| <input type="checkbox"/> Other                                |          |
| <input type="checkbox"/> Company matching gift form enclosed. |          |

**ALL DONATIONS ARE TAX DEDUCTIBLE FOR INCOME TAX PURPOSES.**

Donation information:

1. Complete and print this form.
2. Mail the completed form to the address above or hand deliver to the Clinic.

For gifts of securities, please contact the Clinic for details at 802-297-2300 or email [cosmc@sover.net](mailto:cosmc@sover.net).