

Tell us how you would like to help!
Fill out and mail this form or Call: (706)216-7747

Name or Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Email Address: _____

Yes, I can volunteer/donate:

Physician (Specialty) _____

Nurse Practitioner

Nurse

Medical Assistant

Other Medical/Clinical _____

Non-Medical Support Staff

I am available _____

I can donate medical supplies

I can donate medical equipment

I can donate office equipment / supplies

I can donate _____

I can make a monetary donation of \$ _____

Comments: _____

Please return completed form to: Good Shepherd Clinic of Dawson County
P. O. Box 201
Dawsonville, GA 30534

Contributions should be made payable to: Good Shepherd Clinic of Dawson County, Inc.