



Campbell Clinic Foundation **FRIENDS**

**Join hundreds of your Campbell Clinic teammates to support
orthopaedic outreach, education and research!**

**With a minimum donation of \$6 per pay period, you'll get
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Yes, I would like to be a Foundation Friend!

Date: _____ T-Shirt Size: _____
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Payment Information (Please select):

___ Sign me up and deduct **\$6 per pay period** through payroll deduction, OR...

___ Sign me up and deduct \$_____ (minimum \$6) per pay period through
payroll deduction.

___ I choose not to make a gift through payroll deduction, but I want to donate \$_____ as a one-time
donation by check or online by credit card, Venmo or PayPal.

Questions? Contact Jennifer Lowrey at
901-759-3189 or **jlowrey@campbell-foundation.org**

Send form to: Jennifer Lowrey,
Campbell Clinic Foundation, Germantown Clinic

