

Contribution Form

Yes, I want to contribute

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___ \$20 ___ \$30 ___ \$50 ___ \$75 ___ \$100 ___ \$200 plus ___ Other

Please make your check payable to:

The Felix Clinic

Thank you for your support.
All contributions are appreciated,
and are 100% tax deductible.
You will be sent a receipt.

Mail to:

The Clara Felix Sickle Cell Clinic
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Tel 510-382-1450 Fax 510-382-1460

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