

YES!

I raise my hand to Volunteer and Support The Community Clinic.

_____ Medical Professional

_____ Receptionist

_____ Dental Professional

_____ Social Worker

_____ Translator

_____ Lay Assistance

_____ **CLINIC-AID, Operational Fund**

_____ **Endowment Fund**

NAME _____ **PHONE** _____

Return to: **The Community Clinic:** 101 Pine Manor Dr. Oak Ridge North, TX 77385
A non-profit 501(c)(3) organization.