

OMC Donation Form

Please complete form and mail check or money order to:
Outpatient Medical Center
ATTN: Donations
1640 Breazeale Springs Rd
Natchitoches, LA 71457



Outpatient Medical Center (OMC) is a non-profit that provides healthcare to anyone, including those with the greatest need. As such, donations like yours help us fill in the gaps for the underserved. Your donation will support valuable preventative care, outreach efforts, transportation services and promotional events that help keep our patients out of the Emergency Room and Hospital. Thank you for considering OMC. Your contribution is tax deductible to the extent allowed by law.

Please accept my donation in the amount of \$ _____

Donation In Honor or In Memory of _____
(Please circle appropriate designation)

Donation designated for a specific need _____

Donor Information

Name:

First _____ **Last** _____

Company (If a corporate donation) _____

Mailing Address _____

Street Address (if different) _____

City _____ **State** _____

ZIP Code _____ **Phone** _____

Email _____

THANK YOU FOR SUPPORTING OUTPATIENT MEDICAL CENTER

The donation will be held anonymously until you authorize public release out of gratitude