



**InterFaith is offering the opportunity to make a lasting gift by sending festive holiday cards to your friends and loved ones.**

## Holiday Cards



The holidays are a time for us to remember friends, colleagues, and loved ones and to share the blessings of the season. We invite you to share our message of health and hope by sending holiday greeting cards to those on your gift list this year, with all proceeds underwriting patient care for working people without health insurance in our community.

Those you honor will receive an attractive, hand-addressed holiday card from InterFaith acknowledging that a gift has been made in the recipient's name. *All gifts are tax-deductible. A minimum donation of of \$10 per honoree is suggested.*

**To participate in our holiday card program this year, please fill out the form below and mail or email it to the clinic along with your donation. Alternatively, you may submit your mailing list and make your donation online at [www.interfaithhealthclinic.org/holiday-card](http://www.interfaithhealthclinic.org/holiday-card). If you have questions, please contact Elaine at [eevans@interfaithhealthclinic.org](mailto:eevans@interfaithhealthclinic.org) or 865-243-3018.**

InterFaith's *holiday card*  
(an alternate version that states "holiday season" is available upon request)

Name of honoree: _____	Name of honoree: _____
Address _____	Address _____
_____	_____
Name of honoree: _____	Name of honoree: _____
Address _____	Address _____
_____	_____

***If you have additional honorees, visit [www.interfaithhealthclinic.org/holiday-card](http://www.interfaithhealthclinic.org/holiday-card) or email them to [eevans@interfaithhealthclinic.org](mailto:eevans@interfaithhealthclinic.org)***

Donor Name (as you want it to appear on holiday card) \_\_\_\_\_

Name as it appears on credit card \_\_\_\_\_

Billing address \_\_\_\_\_

Donor credit card number (VISA or MC) \_\_\_\_\_ Exp \_\_\_\_\_ CVV \_\_\_\_\_

Amount to charge to card \$ \_\_\_\_\_ Donor signature \_\_\_\_\_

Mail this form with your check to Attn: Donations, InterFaith Health Clinic, 315 Gill Ave., Knoxville, TN 37917

***Check here if you would like us to send a "holiday" version (rather than a Christmas version)***