



ST. LUKE'S
FAMILY PRACTICE

Donor Letter

I / We are interested in supporting St. Luke's Family Practice provide care to the uninsured of our community by making a donation.

St. Luke's Family Practice is tax-exempt under section 501(c)(3) of the Internal Revenue Code and that the primary purpose of St. Luke's Family Practice is to serve the medical needs of individuals and families that cannot afford, or do not otherwise have access to, private health care coverage. A copy of our Letter of Determination is available at:
<http://www.stlukesfp.org/501c3Ruling.pdf>

I / We would like to support:

- General Fund
- Medical Equipment Fund
- Other Needs _____

Amount: \$ _____

Please mail your donation to:

St. Luke's Family Practice
1400 Florida Avenue, Suite 109
Modesto, CA 95350

Name(s) _____

Address _____

City _____ State _____ Zip Code _____

Email address _____

