



VIOLA STARTZMAN  
CLINIC

1874 Cleveland Rd  
Wooster, OH 44691  
p: 330-262-2500  
f: 330-264-8713  
StartzmanClinic.org

**Founder**  
Viola Startzman, M.D.  
**Executive Director**  
Jaime Parsons  
**Medical Director**  
Eric A. Smith, M.D.

**Mission**  
*The Viola Startzman  
Clinic provides  
medical and dental  
care to lower  
income residents of  
Wayne County, in  
an atmosphere of  
dignity and respect.*

## DONATION FORM

### Please complete and mail to:

*Viola Startzman Clinic, 1874 Cleveland Road, Wooster OH 44691*

**Thank You!**

### **Please check all that apply:**

- My gift is in memory or honor of \_\_\_\_\_, if applicable
- I would like my gift to remain anonymous \_\_\_\_\_
- I would like to include the Viola Startzman Clinic in my estate plan. Please call or e-mail me at:  
\_\_\_\_\_

- Enclosed is my check in the amount of \$\_\_\_\_\_ payable to **Viola Startzman Clinic**

**OR**

### **I would like to make regular donations to the Viola Startzman Clinic according to the payment schedule outlined below:**

\$\_\_\_\_\_ per **month** beginning on \_\_\_\_\_ (date)

\$\_\_\_\_\_ per **quarter** beginning on \_\_\_\_\_ (date)

\$\_\_\_\_\_ per **year** beginning on \_\_\_\_\_ (date)

### **Please check all that apply:**

- I authorize VSC to automatically withdraw donations from my bank account. ***I have attached a voided check or savings deposit slip.*** This authority will remain in effect until I give reasonable notification to terminate the authorization.
- I would prefer for VSFC to mail a reminder to me on a regular basis.

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-mail address \_\_\_\_\_



*providing healthcare & hope*