

Patient Signature

Manager Signature

Life Chiropractic of Olney

Orthopedics
Biomechanics
Sports Injuries
Low Back Syndrome
Personal Injury

Date: _____

Dr. April Lee, Chiropractor 18120 Hillcrest Avenue Olney, Maryland 20832

NON-PROFIT DONATION

ı,	would like to donate all payments for any services pro	ovided to
me at Life Chiropractic of Oln	ey to go towards the Life Chiropractic of Olney Non-Profit scholar	ship
foundation. I understand by	donating my payment, I am now a non-profit patient.	
Total amount donated	\$	
Monthly amount donated	\$	
Amount Per visit donated	\$	
	Date:	
Patient Name		
	Date:	

Upon request, we can provide documentation at the end of the year for your tax deduction