



CAMBODIAN AMERICAN MOBILE CLINIC



Doctor exams



Prescriptions Filling



Eyes exams



Eyes Patients



Drugs Transport Mode



Drug Transport Path



Crowd of Patients



CAMC

MEMBERSHIP APPLICATION TO JOIN OUR CAMC

Name: _____ Gender: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Please generously choose [below] for your annually Donation:

♥ \$12⁰⁰ per year <equivalent to ~3cents per day>

♥ \$20⁰⁰ per year

♥ \$ _____ per year

♥ Sponsor CAMC's Trip to **Cambodia** <Please call for detail>

Send your donation to:

CAMC

P.O. Box 77744

Stockton, CA 95267



May I ask where you're calling from

Contact #'s: 209-948-2993 Stockton, CA

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Membership Bonus:

Membership privilege: nominee for annual Raffle Drawing

Raffle **Prizes**: 5 special Gift levels

1st Prize: an all-expense paid* Trip for 2 to Cambodia

Other 4 Prizes: TBA

* This Prize is based on our Funding accumulated/received for that year...

The winner needs to claim their reward within 30days of Announcement <check our Website for winner's name>