



## Physician Assistant Appreciation Week Gift Order Form

Donor Name(s): \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Yes! I would like to honor \_\_\_\_\_ physician assistant(s). The total amount of my tax-deductible gift is \$\_\_\_\_\_ (\$35 per card or 3 for \$100).

### Payment Options:

- Enclosed is my check made payable to the NCMS Foundation.
- Please bill my credit card, as follows:
  - Mastercard Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_
  - Visa Name as it appears on card: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Security Code: \_\_\_\_\_

**Please send a card to:** *(list name and address for mailing purposes)*

**1.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**2.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sign From: \_\_\_\_\_

Sign From: \_\_\_\_\_

**3.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**4.** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sign From: \_\_\_\_\_

Sign From: \_\_\_\_\_

For more space, please photocopy this form, and include stories about your honorees on a separate sheet with your permission to post on our website. Cards will be sent throughout the month of October.

### Return by October 12, 2011 to:

NCMS Foundation  
 PO Box 27167  
 Raleigh, NC 27611  
 Fax: (919) 833-2023  
 Email: bholley@ncmedsoc.org