



Charitable Donation Form

Your generous donation today will help the Foundation of Collier County Medical Society:

- Team with local academic institutions to grow their medical and health care programs and provide need-based scholarships for our future medical professionals
- Fund local programs that provide vital medical services to the underserved
- Provide leadership, advocacy and support for key community health education programs

I would like to designate my gift for (optional):

- | | |
|---|--|
| <input type="checkbox"/> Scholarships | <input type="checkbox"/> Foundation of CCMS Endowment Fund |
| <input type="checkbox"/> Charitable healthcare programs | <input type="checkbox"/> Operational expenses |
| <input type="checkbox"/> CCMS Physician Wellness Program | <input type="checkbox"/> Unrestricted |
| <input type="checkbox"/> I would like to know more about estate planning options for a charitable gift to the Foundation. | |

Enclosed is my gift of \$ _____ Check enclosed Charge my credit card

MasterCard Card #: _____
 Visa
 AmEx Exp Date: _____ Billing Zip Code: _____

Signature: _____ Date: _____

Printed Name: _____

In honor OR In memory of: _____

This donation is from: _____

Address: _____

City: _____ State: _____ Zip: _____

Please make your checks payable to: **The Foundation of Collier County Medical Society**

88 12th St N, Unit 200
Naples, FL 34102

Phone: (239) 435-7727 Fax: (239) 435-7790

www.ccmsfoundation.org www.fb.com/ccmsfoundation

Thank You for Your Support!

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