

Doctor's Day

Special doctors deserve something special --
like a thank you from a patient like you.

Let a special doctor know how much you appreciate his or her
commitment to your good health this Doctor's Day by making a tax deductible
donation to support the Floyd Memorial Foundation in his or her honor.

Each physician you honor will receive a letter
acknowledging your gratitude and be recognized in an
upcoming issue of our newsletter, HealthScope.

The Barrow County Auxiliary in Winder, GA, first observed Doctor's Day on March 30, 1933. The idea of setting aside a day to honor physicians was conceived by Eudora Brown Almond, the wife of Dr. Charles B. Almond. The initial celebration occurred on the anniversary of the first administration of anesthesia by Dr. Crawford W. Long in 1842. Following overwhelming approval by the U.S. Senate and House of Representatives, on March 30, 1990, President George Bush signed a resolution into law designating March 30 as National Doctor's Day.

A Doctor's Day letter as an acknowledgement of your gift, will be sent to the doctor(s) you designate. The amount of your gift will not be mentioned. Your contribution is tax deductible to the full extent of the law.

I wish to honor the following physician on Doctor's Day:

Physician first and last name: _____

Letter to physician from (your first and last name): _____

Comments to physician (optional): _____

Please use my gift for:

- | | | |
|---|---|--|
| <input type="checkbox"/> Healthier Community Initiative | <input type="checkbox"/> Urology Services | <input type="checkbox"/> Cancer Services |
| <input type="checkbox"/> Women's Services | <input type="checkbox"/> Medical Scholarships | <input type="checkbox"/> Diabetes Services |
| <input type="checkbox"/> Wherever there is the Greatest Need | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Please send me information about Named Giving opportunities. | | |

Enclosed is my gift of \$ _____

- My check is enclosed payable to: Floyd Memorial Foundation
 Please bill my MasterCard Visa American Express Discover

Card # _____ Expiration Date _____

Signature _____ Daytime Phone _____

Your name _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____ E-mail _____

Please return form to the Floyd Memorial Foundation at 1850 State Street, New Albany, Indiana 47150