



Honor a Special Physician for Women in Medicine Month!

Order Form

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Yes! I would like to honor _____ women in medicine. The total amount of my tax-deductible gift is \$_____ (\$35 per card or 3 for \$100).

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- Enclosed is my check made payable to the NCMS Foundation.
- Please bill my credit card, as follows:
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Please send a card to: *(list name and address for mailing purposes)*

1. _____

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Sign From: _____

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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 all through the month of September.

Return by September 24, 2010 to:

Linda Russell
 NCMS Foundation
 PO Box 27167
 Raleigh, NC 27611
 Or fax to: (919) 833-2023
 Or email to: l Russell@ncmedsoc.org