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**Regardless of payment method, please fax form to 919-833-2023**

**so that we can process your cards ASAP**

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

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Yes! I would like to honor \_\_\_\_\_\_\_\_ special people. My tax-deductible gift is $\_\_\_\_\_\_\_\_\_\_\_\_ ($35 for one card / $100 for three cards / $150 for five cards).

**Payment Options:**

🞏 Enclosed is my check made payable to the NCMS Foundation.

🞏 Please bill my credit card (Visa, Mastercard or American Express) as follows:

Card Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp. Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3-digit security code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name as it appears on card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Card 1** Recipient Name: | | | |  | | Recipient Address: | |  | | | |  | | | | | | Card Option: |  | | | | | Personalized Message: | | |  | | |  | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Card 2** Recipient Name: | | | |  | | Recipient Address: | |  | | | |  | | | | | | Card Option: |  | | | | | Personalized Message: | | |  | | |  | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Card 3** Recipient Name: | | | |  | | Recipient Address: | |  | | | |  | | | | | | Card Option: |  | | | | | Personalized Message: | | |  | | |  | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Card 4** Recipient Name: | | | |  | | Recipient Address: | |  | | | |  | | | | | | Card Option: |  | | | | | Personalized Message: | | |  | | |  | | | | | |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Card 5** Recipient Name: | | | |  | | Recipient Address: | |  | | | |  | | | | | | Card Option: |  | | | | | Personalized Message: | | |  | | |  | | | | | | |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Card 6** Recipient Name: | | | |  | | Recipient Address: | |  | | | |  | | | | | | Card Option: |  | | | | | Personalized Message: | | |  | | |  | | | | | |

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**Return by December 19, 2014 to:**

NCMS Foundation

PO Box 27167

Raleigh, NC 27611

Fax: (919) 833-2023

Email: phighsmith@ncmedsoc.org