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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):**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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|  |  |
| --- | --- |
| **Card 1** Recipient Name: |  |
| Recipient Address: |  |
|  |
| Card Option: |  |
| Personalized Message:  |  |
|  |

 |

|  |  |
| --- | --- |
| **Card 2** Recipient Name: |  |
| Recipient Address:  |  |
|  |
| Card Option:  |  |
| Personalized Message:  |  |
|  |

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|  |  |
| --- | --- |
| **Card 3** Recipient Name: |  |
| Recipient Address:  |  |
|  |
| Card Option:  |  |
| Personalized Message:  |  |
|  |

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|  |  |
| --- | --- |
| **Card 4** Recipient Name: |  |
| Recipient Address:  |  |
|  |
| Card Option:  |  |
| Personalized Message:  |  |
|  |

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|  |  |
| --- | --- |
| **Card 5** Recipient Name: |  |
| Recipient Address:  |  |
|  |
| Card Option:  |  |
| Personalized Message:  |  |
|  |

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|  |  |
| --- | --- |
| **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