**Yes! I want to contribute to the \_\_\_\_\_\_ Physician Wellness Program.**

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Enclosed is a check for:

**Highlight this text and insert your logo**

\_\_\_\_\_\_$25 \_\_\_\_\_\_$50 Other Amount \_\_\_\_\_\_\_\_\_\_

Make checks payable to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Memo:\_\_\_\_\_\_\_

Credit cards accepted. Call 555.555.5555.

Your tax-deductible donation to
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Foundation Physician Wellness
Program is greatly appreciated.

 A letter of acknowledgement will

 be sent for your records.

“Insert quote from physician wellness chair or other physician here.”

\_\_\_\_\_\_\_\_\_, MD, Chair, Physician Wellness Program

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Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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