

I wish to participate in



I support the goals of the charitable foundation, Doctors With A Heart, Inc. with the enclosed tax-deductible gift of \$100. (We suggest \$100 per office plus \$25 for each additional doctor in that office. However, Doctors With a Heart, Inc., thanks those doctors who can and do, donate more.) I understand that as a participant, I will receive professional information on how to use both print and broadcast media for my Doctors With a Heart Day, I will be authorized to identify myself as a Doctors With A Heart participant in news releases, I will be authorized to use the Doctors With a Heart, Inc. logo on materials relative to my Doctors With a Heart Day, and I will receive information on how to conduct a successful Doctors With a Heart Day.

Enclosed is my donation in the amount of:

\$100 \$125 \$150 \$200 \$225

Your Name (Please Print) _____

Name of Your Office (Please Print) _____

Office/Practice Address _____

City _____ **State** _____ **Zip Code** _____

Office Phone # (_____) _____ **Degree** _____ **Year Graduated** _____

Email Address _____ **Fax #** (_____) _____

Note: My participation in this program is completely voluntary. I recognize that future events cannot be foreseen. Should circumstances change, I am under no obligation, should I feel I must delay my participation.

Please make your check payable to “Doctors With A Heart, Inc.” and mail to:

Doctors With A Heart, Inc.
Dr. Peter G. Fernandez, National Chairman
10733 57th Ave. North
Seminole, FL 33772-7308