

DOCTORS' DAY



IN HONOR OF DR. _____, I WISH TO MAKE A GIFT OF

\$100

\$50

\$25

OTHER \$ _____

Name _____

Home Address _____

City/State/Zip _____

Phone _____ Email _____

Please direct my donation to:

- | | |
|---|--|
| <input type="checkbox"/> THE COOPER FOUNDATION | <input type="checkbox"/> COVID-19 ASSISTANCE |
| <input type="checkbox"/> CHILDREN'S REGIONAL HOSPITAL | <input type="checkbox"/> MD ANDERSON CANCER CENTER AT COOPER |
| <input type="checkbox"/> COOPER BONE & JOINT INSTITUTE | <input type="checkbox"/> PATIENT IN NEED |
| <input type="checkbox"/> COOPER HEART INSTITUTE | <input type="checkbox"/> RIPA CENTER - WOMEN'S HEALTH/WELLNESS |
| <input type="checkbox"/> COOPER NEUROLOGICAL INSTITUTE | <input type="checkbox"/> TRAUMA CENTER |
| <input type="checkbox"/> COOPER SURGICAL SERVICES INSTITUTE | <input type="checkbox"/> OTHER _____ |

If you would like to write a personal note to the doctor you wish to honor, please use the following page and we will make sure it gets to him or her, along with an acknowledgment of your gift and your gratitude (your donation amount will remain confidential). Or email your personal note to cooper-foundation@cooperhealth.edu.

Please designate my donation as an honor or memorial gift (optional):

- IN HONOR OF _____
- ON THE OCCASION OF _____
- IN LOVING MEMORY OF _____

Notify this person about my honor or memorial gift (Name and Address):

Payment Information:

- ENCLOSED IS MY CHECK MADE PAYABLE TO THE COOPER FOUNDATION
- PLEASE CHARGE MY CREDIT CARD:
- VISA MASTERCARD DISCOVER AMERICAN EXPRESS

NAME ON CARD _____ CARD NUMBER _____

EXP DATE _____ SECURITY CODE _____

SIGNATURE _____

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Dear Dr. _____

The Cooper Foundation would like to use your message for marketing purposes.

Please select one:

- Please use my message, but I would like to remain anonymous.
- Please use my message and full name.
- Do not use my message or name.