



HONOR A COOPER PHYSICIAN FOR **NATIONAL DOCTORS' DAY** | **MARCH 30**

I WISH TO MAKE A GIFT OF

- \$100 \$75 \$50 \$25 OTHER \$ _____

IN HONOR OF DR. _____
Your donation will go to the department or institute that your Doctor is associated with.

CONTACT INFORMATION

NAME _____
PHONE _____ E-MAIL _____
ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PAYMENT INFORMATION

CHOOSE A PAYMENT METHOD

- Check Enclosed** Make payable to The Cooper Foundation **Charge Credit Card Below** MASTER CARD VISA DISCOVER AMEX

CARD # _____ EXPIRATION DATE _____ CVV _____ CHARGE AMOUNT _____
NAME ON CARD _____ AUTHORIZED SIGNATURE _____ DATE _____
BILLING ADDRESS (IF DIFFERENT THAN ABOVE) _____ CITY _____ STATE _____ ZIP CODE _____

Message for the physician you are honoring (optional):

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.

Questions? Contact us at 856.342.2222 or email cooper-foundation@cooperhealth.edu.