



# Clark County Medical Society Alliance

## CCMSA Holiday Scholarship Project Sponsorship Form 2016

Dear Physician, Friend and Community Supporter:

Since its inception in 1949, the Clark County Medical Society Alliance ("Alliance") has provided scholarships to deserving, local nursing and medical students through the annual Holiday Greeting Card. We have awarded over \$500,000.00. This year, the Alliance will be awarding scholarships only to a number of commendable medical and nursing students in Clark County, Nevada.

In 2010, the Alliance proudly launched an innovative, more eco-friendly and community-conscious alternative to the greeting card: **The Holiday Scholarship Project**. This Project entails recognition of our donors and an expression of their holiday greetings to the community in the Las Vegas Review-Journal, *Nevada* section. This year, the publication of our Holiday Greetings will be on **Sunday, December 11, 2016**. Names of the sponsoring physicians, spouses, and medical community supporters will be listed by level of sponsorship. With your participation, you will be expressing holiday greetings to your colleagues, patients and the estimated 500,000 Review-Journal readers in addition to contributing to improving healthcare in Nevada.

**Do not miss this opportunity to have you or your business name included in our Holiday Scholarship Project, as all donors will be recognized in the Las Vegas Review-Journal on Sunday, December 11, 2016.** We encourage all physicians, spouses, nurses, hospitals, and medical support businesses to help us make a real difference for as many medical students as possible. Your donation will endorse and advance our commitment to improving the health of Southern Nevadans. A majority of the portion of these proceeds will benefit nursing and medical student scholarships.

Kindly return the Sponsorship Form and your check contribution by **Friday, November 18, 2016**. For information, please contact the Holiday Scholarship Committee Chair below or visit [www.ccmsa-lv.org](http://www.ccmsa-lv.org).

Sincerest regards,

*Estela Hansen and Kathy Kazemi*  
[estelahansen@cox.net](mailto:estelahansen@cox.net) and [katybod@yahoo.com](mailto:katybod@yahoo.com)

**FOR ONLINE FORMS AND TO VISIT OUR WEBSITE  
PLEASE GO TO  
[www.ccmsa-lv.org](http://www.ccmsa-lv.org)**

**Platinum Corporate Sponsorship: \$1,800**  
(Includes premium placement in Review-Journal ad with corporate logo OR max 22 physicians/donors & their spouses/partners)

**Gold Corporate Sponsorship: \$800**  
(max 10 physicians/donors & spouses/partners)

**Silver Corporate Sponsorship: \$400**  
(max 5 physicians/donors & spouses/partners)

For practices of more than the max number of physicians, you will be charged an additional \$250 per increment of 5. Please be sure to include one check and either a logo or list of exactly how each physician, spouse/partner would like his or her name printed.

**Individual Sponsorship: \$100**  
(CCMSA member/physician/donor & spouse/partner)

**DEADLINE: Friday, November 18, 2016**

The first and last names of the physician/donor and spouse/partner will be printed, where applicable, in the following formats: Jane & John Doe, M.D. or Jane Smith, M.D. & John Doe, M.D. or John Doe & Jane Smith, M.D. We will print "D.O." or other professional degree if you so designate. If a physicians' group/corporate sponsor is sending one check, please provide the names of each physician/donor within the group and spouse/partner in the desired order for publication. Please print legibly for proper formatting.

TAX I.D. #23-7290810

\_\_\_\_\_  
Physician/CCMSA Supporter's Full Name

\_\_\_\_\_  
Spouse/Partner Name

\_\_\_\_\_  
Practice/Corporation Name (if applicable)

\_\_\_\_\_  
Address City Zip

\_\_\_\_\_  
Phone Number E-mail Address

If additional space needed, please provide information on a separate page.

Please return this form with your donation check made out to "CCMSA" and mail to: