



Clark County Medical Society Alliance

CCMSA Holiday Scholarship Project Individual Donor Form 2017

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 \$520,000.00. This year, the Alliance will be awarding scholarships 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**. To show our ongoing gratitude to our individual donors, we will be proud to display our appreciation throughout the year via our Website in addition to a dedicated page in our **Annual Fashion Show program book**. With your participation, you will be expressing holiday greetings to your colleagues, patients and the community at large, in addition to contributing to improving healthcare in Nevada.

Do not miss this opportunity to have your name included in our Holiday Scholarship Project. We encourage all physicians, spouses, nurses and any individuals 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 Individual Donor Form and your contribution by **Friday, November 3, 2017**. For information, please contact Estela Hansen at estelahansen@cox.net or visit www.ccmsa-lv.org.

Sincerest regards,

Estela Hansen, Kim Fonte and Sharlin Ahmed-Khan

For your convenience please see the separate corporate sponsorship form also included.

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

DEADLINE: Friday, November 3, 2017

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:

CCMSA | 2590 E. Russell Rd. | LV, NV 89120

FOR ONLINE FORMS VISIT

www.ccmsa-lv.org

Date received _____ CK NO: _____ AMNT: _____