



ANNUAL APPEAL

Yes! I want to help...

My gift of \$ _____ is enclosed.

Please make checks payable to the "Catholic Medical Association"

CMA can allocate my gift as follows:

- Most Urgent Priorities
- Medical Student and Resident Education
- Evangelization
- Public Advocacy

I would like to consider a gift of stock. *Please contact me.*

I would like to consider Catholic Medical Association in my estate. *Please contact me.*

Please charge my Credit Card in the amount of \$ _____

This a Monthly Gift One-Time Gift *Please check one* Card Type: _____

Card No.: _____ Exp. Date: _____

Name: _____

Street: _____

City: _____ State: ____ Zip: _____ Phone: _____

Signature: _____