

About Physician Partners

Established in 2007, the Physician Partners was created under the leadership of Manfred Sandler, MD. The physicians are encouraged to serve as donors and advocates to help promote the GMC Foundation. Physician Partners is active in promoting awareness of all fundraising initiatives both in our hospital family and the community.

The success of the Physician Partners group grew from a realization by physicians that their support and demonstrated belief in GMC through their personal contributions was a powerful example to others in the community. Their willingness to support the GMC Foundation speaks volumes and inspires many more to give.



Physician Partners Steering Committee



GWINNETT MEDICAL CENTER FOUNDATION

For more information about becoming a
Physician Partner, contact:

Ginger Powell
Director of Development

678-312-8502

gpowell@gwinnettmedicalcenter.org



Physician Partners

At Gwinnett Medical Center

Gwinnett Medical Center Foundation

1755 North Brown Road, Suite 100

Lawrenceville, GA 30043

678-312-8500

[**gwinnettmedicalcenter.org/foundation**](http://gwinnettmedicalcenter.org/foundation)

Physician Partners Member Agreement

Physician Partners of the Gwinnett Medical Center Foundation agree to do the following to the best of their ability:

The members of this group are responsible for providing leadership to the GMC Foundation. There are three main areas of responsibility we believe to be imperative for every member.

- Community Advocacy:** It is vital to the success of the Foundation and the development program for Physician Partners to educate themselves about Gwinnett Medical Center and the GMC Foundation and to disseminate that information as ambassadors to the community.
- Donor Solicitation:** Physician Partners should be actively involved in donor solicitation by helping identify and solicit potential donors (including peers, grateful patients and community members).
- Personal Giving:** Leadership gifts by physicians provide a crucial foundation for all other development efforts. Physician Partners are expected to make a minimum annual contribution of \$2,000 and encouraged to make an annual contribution of \$5,000 to the Gwinnett Medical Center Foundation payable by December 31 of each year.

Other criteria include:

- To attend gatherings of the Physician Partners group.
- To know and understand the mission and vision of the organization* – and to be an advocate and spokesperson for the organization as it is vital to its success.
- To provide advice, counsel and other support to the organization* by offering resources within their area of expertise or through their place of business.
- To agree to serve the minimum of a one-year term.

**The organization represents the GMC Foundation, Gwinnett Medical Center and all affiliated organizations.*



Physician Partners - Commitment Form

Physician Name: _____

Spouse's Full Name: _____

How your name should appear on donor recognition:
(examples: Dr. John & Jane Smith or Dr. John and Dr. Jane Smith)

Home Address: _____

City, State, Zip: _____

Home Number: _____

Cell Number: _____

Email: _____

Spouse Email: _____

I wish to become a Physician Partner and make an annual sustaining contribution of \$ _____.
(minimum of \$2,000)

Or

I wish to become a major gift donor and pledge a total sum of \$ _____.
(minimum of \$10,000 to qualify for Keystone Society and minimum of \$15,000 to qualify for a naming opportunity)

Please note: For each year a payment is made on your pledge, you will also be listed as a Physician Partner.

I intend to fulfill this pledge over a _____ year period and the total commitment will be paid as follows:

Naming Opportunity Selected: _____

Payment Options:

Enclosed is a check for \$ _____ made payable to the GMC Foundation.

Please bill me. You can expect our check by (date): _____

GMC Payroll Deduction Associate ID Number: _____
I wish to donate \$ _____ per pay period.
(should equal a minimum of \$2000 annually)

Credit Card: (indicate one)
 Visa Mastercard Amex Discover

Card Number: _____ Exp. Date: _____

Signature _____

Date _____

Gwinnett Medical Center Foundation
1755 North Brown Road, Suite 100, Lawrenceville, GA 30043
Phone: 678-312-8500 Fax: 770-277-9622