

Physician Partners Commitment Form

Donor Name: _____
Please indicate MD, DO, Ph.d, etc.

Spouse Name: _____
Please indicate MD, DO, Ph.d, etc.

Email: _____

Cell Number: _____

Home Address: _____

City, State, Zip: _____

Contribution Amount: \$ _____

(Minimum annual donation of \$2,000 to be recognized as a Physician Partner payable by December 31 of each year.)

For gifts of \$10,000 or more, you will also be listed as a Keystone Society member.

Naming opportunities are available for gifts of \$15,000 or more. Pledge arrangements can be made over a period of years. For each year that a payment of \$2,000 or more is made on your pledge, you will be listed as a Physician Partner. To receive a current list of naming opportunities, contact the GMC Foundation at 678-312-8500.

Payment Options:

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

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

Stock Transfer (wiring instructions will be provided)

GHS Payroll Deduction: _____

Associate ID number: _____

• I wish to donate \$ _____ per pay period. (should equal a minimum of \$2,000 annually)

Credit card: (indicate one) Credit card gifts may be charged monthly, quarterly or yearly. To set up installment plans, call the Foundation at 678-312-8500.

VISA

MasterCard

Amex

Discover

Card Number _____ Exp. Date _____

Signature _____ Date _____

I am interested in receiving information about deferred giving through my will, trust or estate.

I wish to designate my donation to:

- Ancillary Service Fund
- Cancer Care
- Cardiovascular Services
- Center for Surgical Weight Management
- Glancy Rehab
- GMC-Duluth
- Gwinnett Extended Care Center
- Gwinnett Women's Pavilion
- Mason Children's Clinic
- Neonatal Intensive Care Unit
- Neuroscience Fund
- Sports Medicine Program
- Trauma Services
- Unrestricted

Thank you for helping us transform healthcare through Philanthropy!



GWINNETT MEDICAL CENTER FOUNDATION

Physician Partners Steering Committee

Carlton Buchanan, MD, Chairman

Martin Austin, MD

Byron Dickerson, MD

Gaston Garcia, MD

Gary Levensgood, MD

Bill McGann, MD

Charles Moomey, MD

Marshall Nash, MD

Manfred Sandler, MD

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We hope you will decide to partner with us to ensure that our hospital grows to meet the needs of our community.

Your gift will set a strong example and will inspire the gifts of others.

We look forward working with you as we elevate the services we provide to the community.

We appreciate — and need — the generosity of our hospital family!