

Physician Health Services, Inc. - Donation Form

I/we would like to support Physician Health Services, Inc. and its mission.

Donor Name: _____

Address: _____ City/State/Zip: _____

Telephone: _____ E-mail: _____

This is how I would like my/our name(s) to appear in all donor recognition listings for which I/we may qualify: _____

I do not wish my/our name(s) to appear in donor listings.

Enclosed is my/our gift in the amount of:

\$25 \$50 \$75 \$100 Other \$ _____

(Please make check payable to Physician Health Services, Inc.)

I would like to give \$ _____ on my credit card. My employer's matching gift form is enclosed.

Please charge my: American Express MasterCard Visa Discover

Card # _____ Exp. Date ____/____

Signature _____

I would like to make my gift:

In memory of: _____

In honor of: _____

Please return form to: **Physician Health Services, Inc.**

**860 Winter Street
Waltham, MA 02451**

The success of Physician Health Services, Inc. (PHS) and its ability to restore physicians' health and well-being is centered on a partnership with those who support the services we provide to physicians. By donating to PHS you can feel assured that your contribution is directly related to the following:

- Confidential support, consultation and monitoring for medical students, residents, and physicians in Massachusetts
- The development of resources for increasing referrals for substance abuse, mental health concerns, physician illness and expanding behavioral health services
- Critical research needed to document outcomes and successful strategies for physician health
- Increasing educational lectures throughout the state, available onsite upon request
- Support groups for physicians and medical students

PHS is a nonprofit 501(c)(3) charitable corporation of the Massachusetts Medical Society and is eligible to receive funding.

Contributions to PHS are tax deductible to the extent provided by law.