



**Donation Form**

I want to show my support for NMF with a tax-deductible gift. Enclosed is my contribution to National Medical Fellowships in the amount of:

\$2500    \$1500    \$1000    \$500    \$250    \$100    \$\_\_\_\_\_ Other Amount

Make checks payable to **National Medical Fellowships**.

Please charge my gift of \$25 or more to:  American Express    Discover    MasterCard    Visa

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ Signature \_\_\_\_\_

I prefer to receive my mail at my home address, which is: or  I prefer to receive my mail at my business address, which is:

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 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Telephone \_\_\_\_\_ E-Mail \_\_\_\_\_

National Medical Fellowships is classified as a 501 (c) (3) non-profit organization under the Internal Revenue Service Code. All contributions and bequests to NMF are fully tax deductible.

**For Former Scholars Only**

NMF wants to stay in touch with all our former scholars. Please take a moment to update information about yourself.

Name \_\_\_\_\_  
 Name (if different) when you received NMF scholarship/fellowship \_\_\_\_\_  
 Tell us about your practice, affiliations, awards or publications \_\_\_\_\_  
 My specialty is \_\_\_\_\_

NMF has instituted a Fellows Academy, a network of current and former scholars, to serve as a resource and share information about medical careers, training opportunities, etc. Would you be interested in participating?

Yes    No

**Send to:**  
 National Medical Fellowships Inc.  
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 5 Hanover Square, 15<sup>th</sup> Floor  
 New York, NY 10004  
 212.483.8880  
 212.483.8897 (fax)