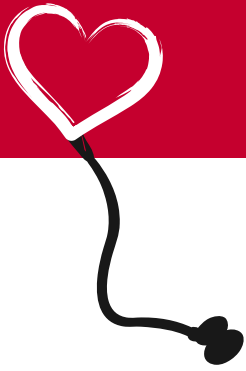


# HONOR YOUR DOCTOR

NATIONAL DOCTORS' DAY  
MARCH 30



I'd like to recognize my medical provider,

\_\_\_\_\_

because . . . .

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Phone Email

I wish for my gift to benefit \_\_\_\_\_  
SBL Program

Cash Gift: \$ \_\_\_\_\_

Mastercard  Visa  Discover

\_\_\_\_\_  
Card number

\_\_\_\_\_  
3-digit security code Expiration date

\_\_\_\_\_  
Name on card

\_\_\_\_\_  
Signature

Check the box to allow us to share your comments throughout the Health Center and with our community on our website and social media.

**Mail to:**  
Amy Card  
SBL Health Foundation  
1000 Health Center Drive  
Mattoon, IL 61938

 Sarah Bush  
Lincoln  
Trusted Compassionate Care