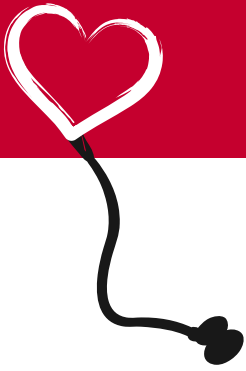


HONOR YOUR DOCTOR

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