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Enclosed is my gift of \$_____

In recognition of:

Dr. _____

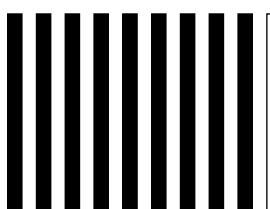
for **National Doctors' Day**

Your message:

Your name _____

LICKING MEMORIAL HOSPITAL
DEVELOPMENT DEPARTMENT
1320 WEST MAIN STREET
NEWARK OH 43055-9931

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National
Doctors'
Day March 30



**Licking Memorial
Health Foundation**

Doctors' Day DONATIONS

In recognition of Doctors' Day, express your appreciation for your favorite physician by providing a personal note to the physician along with a donation to Licking Memorial Health Foundation in his or her honor. Contributions will benefit technological advances at Licking Memorial Hospital and assist us with our mission to improve the health of the community.

To honor your favorite physician, complete the form on the right and use this envelope to return it along with your check. Your personal message and an acknowledgment of your gift will be sent to the physician on your behalf. Please make checks payable to Licking Memorial Health Foundation. Donations also may be made online at LMHealth.org. For more information or to donate with a credit or debit card, please call (220) 564-4102.



1955-5015
01/14/2024

