

Doctors' Day

March 30, 2010



COFFEE REGIONAL
MEDICAL CENTER

Foundation

P.O. Box 1287
Douglas, GA 31534
912-383-6910
www.coffeeregional.org

Dear Friends of Coffee Regional Medical Center and Foundation:

Patients at Coffee Regional Medical Center respect and admire the skills and dedication of our physicians. Everyday they see lives saved, crucial decisions made, and patients and their families helped through some of the most difficult and emotional experiences they have ever faced.

Our doctors are truly impressive in their knowledge and high standards of performance. They have dedicated their lives to patient care. **Those of us who have been patients at Coffee Regional Medical Center know how fortunate we are to have such outstanding medical professionals.**

Every March 30th, the nation celebrates Doctors Day. Across our country, nurses, staff and patients take this opportunity to salute physicians. We hope you will join us in recognizing Coffee Regional's truly outstanding doctors by making a contribution in his or her honor to the Coffee Regional Medical Center Foundation.

Your Doctors Day contribution will honor a physician who has touched your life in a special way, and at the same time, will help ensure the patients at Coffee Regional continue to have access to comprehensive, state-of-the-art health care resources. These resources will make certain that your physician will continue to have the best facilities and technologies with which to work.

We will send a card to each doctor you honor to let them know just how much you appreciate their extra special care! You may also enclose a short note of thanks to your doctor(s) and we send it to them with the acknowledgment card. For more information, please contact Margie Spivey, CRMC Foundation Director at 912-383-6910.

Thank you for your continued support of our Hospital and Foundation.

Sincerely,

Thomas H. Smith
Chair

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I wish to honor the following physician(s)
on Doctors' Day:

Dr. _____

Card from _____

Dr. _____

Card from _____

Dr. _____

Card from _____

As an acknowledgement of your gift, a card will be sent to the doctor(s) you designate, but the amount of your gift will not be mentioned. Your contribution is tax-deductible.

Enclosed is my gift of \$ _____

My check is enclosed payable to: CRMC Foundation

Please bill my

MasterCard Visa American Express Discover

Card # _____ Expiration Date _____

Signature _____ Daytime Phone _____

Your Name _____

Street Address _____

City _____ State _____ Zip _____

E-mail _____

Please return form to:

CRMC Foundation • P.O. Box 1287 • Douglas, GA 31534