

2011 Medical Liability Media/Public Education Campaign *Contribution Form*

___ **YES**, you can count on me/us in the effort to achieve Medical Liability Reform in the 2011 session of the NC General Assembly.

___ **Enclosed is a check** in the amount of: \$ _____

Make checks payable to: North Carolinians for Affordable Healthcare

___ **Please charge my credit card:**

Amount: \$ _____

Card Type: ___ MasterCard, ___ VISA, ___ AMEX, ___ Discover

Account #: _____

Security Code: _____

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This contribution is a . . .

___ **Practice Contribution**

Practice Name: _____

Practice Contact: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

___ **Individual Contribution**

Name: _____

Practice: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Reply to . . .

If paying by check , return your payment and form to: NCAHC PO Box 2206 Raleigh, NC 27602 (make checks payable to: North Carolinians for Affordable Healthcare)	If paying by credit card , complete and return the form to: Email: ybotello@ncmedsoc.org Fax: (919) 833-2023 Mail: NCAHC PO Box 2206 Raleigh, NC 27602
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