



“Spirit of Wellness in Medicine” Fundraising Campaign – Contribution Form

Contributor Information

Name	
Billing address	
City	
State	
ZIP Code	
Telephone (business)	

Contribution Information

I (we) are contributing a total of \$_____ to be paid in the form of a check made payable to the West Virginia Medical Professionals Health Program and:

MAIL to the following address: West Virginia Medical Professionals Health Program, Inc.
 4013 Buckhannon Pike, Mount Clare, WV 26408
 Tax ID: 74-3226821

Donations may also be made online via our website at <https://wvmphp.org/about-wvmphp/> and click the “Donate” button.

As the WVMPHP is a 501(c)3 corporation, your contribution is tax deductible as allowed by the IRS. Please provide this information to your accountant.

Acknowledgement Information

- I wish to remain anonymous and not listed in written public acknowledgements.
- Yes, use my information in written public acknowledgements.

Please use the following name(s) in all acknowledgements:

PRINT NAME(s):
Signature(s):
Date:

On behalf of the WV Medical Professionals Health Program, I thank you for your support and generosity.

P. Bradley Hall, M.D., DABAM, DFASAM
 Executive Medical Director, WVMPHP