

FasterCures

The Center for Accelerating Medical Solutions

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Telephone: (202) 336-8900

www.FasterCures.org

(Please PRINT all information clearly)

Date: _____

Enclosed is my check in the amount of \$ _____ payable to *FasterCures*.

Name: _____

Address: _____ Home phone: (_____) _____

City/State/ZIP: _____

(Receipt will be sent to the address above.)

Type of Donation (please choose one):

General Donation

Gift in memory of: _____

(Name of deceased)

Send acknowledgement card to:

Name _____

Address: _____

City/State/ZIP: _____

How would you like the card to be signed? _____

(Name or names)

Matching Gift: My (or spouse's) company will match my contribution to *FasterCures*.

Name of company: _____

FasterCures SmartBrief

Please sign me up for the *FasterCures SmartBrief*, a free twice-weekly e-newsletter that will keep me informed of the breaking news in the medical solutions arena.

Name: _____ Email: _____

***FasterCures* thanks you for your support.**

Your contribution is tax-deductible.

Please send checks to:

FasterCures, 1101 New York Avenue NW, Suite 620

Washington, D.C. 20005