

## Committee for Physician Health – Donation Form

I/we would like to support the Committee for Physician Health, Medical Society of the State of New York and its mission.

Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Enclosed is my/our gift in the amount of:

\$25       \$50       \$75       \$100       Other \$\_\_\_\_\_

Please make check payable to **The Committee for Physician Health**

I would like to donate \$\_\_\_\_\_ on my credit card.  My employer's match gift form is enclosed.

Please charge my:     American Express     MasterCard     Visa     Discover

Card # \_\_\_\_\_ Exp. Date \_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_

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Please return form to:                    **Committee for Physician Health**  
    **99 Washington Avenue, Suite 410**  
    **Albany, NY 12210**

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The success of the Committee for Physician Health and its ability to restore physician health and well-being is centered on a partnership with those who support the services we provide to physicians. By donating to CPH you can feel assured that your contribution is directly related to the following:

- Confidential support, consultation and monitoring for physicians, residents, physician assistants and medical students in New York State.
- The development of resources for increasing outreach for substance abuse, mental health concerns, physician illness and expanding behavioral health services.
- Critical research needed to document outcomes and successful strategies for physician health.
- Increasing educational outreach throughout the state (available as per requested).