



“The Physician Families of Sarasota invite you to engage highly local, impactful support of our community.”
 2018-19

IN KIND DONATIONS

EVENT SPONSORSHIPS

Please select that which applies:

QUESTIONS on receiving your 501©3 tax deduction should be directed to Finance and Budget Board Member, Treasurer, Jessica Rahal jessica.rahala@myscmsa.org

IN KIND DONATION

ITEMS DONATED (list/receipt attached)

Or

___ your medical alliance contact with provide this list.

Organization Name _____

Contact Name _____ Title _____ Best phone _____

Mailing address ___ or Email address ___ to send letter of donation:

SPONSORSHIP DONATION

EVENT SPONSOR – Family Picnic | Annual Fundraiser (Casino Night 2019)

Amount donated – \$ _____ for (sponsor level or item being sponsored)

Check/Credit Card _____ exp ___ CVV

Checks payable: Sarasota Medical Alliance Foundation PO BOX 20988 Bradenton, FL 34204

Or contact Jessica Rahal to give by phone:

Send sponsorship logo to: scmsa.florida@gmail.com

WHEN YOU SUPPORT US – YOU DIRECTLY SUPPORT THESE LOCAL PROJECTS!



*Scholarships
For Aspiring
Medical Students and
Related Studies*



*Opioid Epidemic
Physician Advocate
Award Project*



*BeWellSarasota.org
Pre-Emptive
Mental Health Advocacy and
Awareness for Teens*



Drug Free Youth

*Your donations help purchase
drug tests and support
our local Drug Free Youth
Venice | Nokomis | Sarasota*