

HeartStrings 2010

_____ has told me about the fine work being done by the Buncombe County Medical Society Foundation's Project Access. Please accept my tax-deductible contribution of \$_____ for the HeartStrings 2010 event to help them carry on that work. I've provided my credit card information below.

VISA MasterCard Discover American Express Other _____

Card No.: _____

Expiration Date: ___/___/___ Signature _____

Name as appears on card (print) : _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____

Email: _____



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