

304 Summit Street  
Asheville, NC 28803  
828-274-2267 phone  
828-274-2093 fax  
bcmsonline.org/heartstrings



Dear Friend,

Buncombe County Medical Society's Foundation (BCMSF) is the charitable arm of the Buncombe County Medical Society, an organization founded in 1885, whose membership today exceeds 800 physicians. Project Access, established in 1996 by the physicians, provides primary and specialty medical care to low-income, uninsured residents in the community. Over the last year, Project Access physician volunteers have contributed more than \$14 million of free medical care and over 3,500 people were able to receive the services they needed—even life saving specialty care like heart surgery—for free.

While doctors are not paid for their work in Project Access, funds are needed to pay for programmatic essentials such as eligibility screening, medications, durable medical equipment (like wheelchairs and crutches), case management, language interpretation, and other services that ensure that the patients receive comprehensive, high quality care. For the last seven years we have held the HeartStrings fundraiser to help secure these funds.


On Saturday, February 6, 2010, we will have our eighth annual HeartStrings fundraiser for Project Access at the Asheville Mall. This fun and exciting event demonstrates our emphasis on healthy activities by giving participants the chance to exert themselves—literally—to raise money and awareness for Project Access.

Please let your “heartstrings” pull you into joining this worthwhile and compassionate community effort as my sponsor. Each of us participating in HeartStrings has a personal fundraising goal of \$200, and I need your support. Please use the sponsorship form below to help me raise the resources BCMSF Project Access needs to keep providing medications, medical services, and renewed hope.

----- return the bottom section to: BCMSF Project Access, 304 Summit St., Asheville, NC 28803 (or fax to 828-274-1825) -----

Please accept my tax-deductible contribution of \$ \_\_\_\_\_ to sponsor \_\_\_\_\_ as a participant in HeartStrings 2010 to benefit Project Access.

- My check payable to the Buncombe County Medical Society Foundation is enclosed.
- Please charge my credit card:

<h3>HeartStrings 2010</h3>	
<p>_____ 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.</p>	
VISA    MasterCard    Discover    American Express    Other: _____	
Card No.: _____	
Expiration Date: ____/____/____    Signature: _____	
Name as it appears on card: _____	
Address: _____	
City: _____ State: _____ Zip: _____	
Phone Number: _____	
Email: _____	
	

- Please accept my pledge and contact me at a later time about payment options.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_