



# King Edward Medical College Alumni Association of North America

## Doctor House 2011 Pledge Form

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

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

Cell Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

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I wish to donate the amount checked below towards "Doctors House"

_____ \$15.00	_____ \$250.00
_____ \$25.00	_____ \$500.00
_____ \$50.00	_____ \$1,000.00
_____ \$100.00	_____ Other

*Please indicate if this is a "one time only donation" or a "monthly commitment". Thank you*

\_\_\_\_\_ **One Time Only**                      \_\_\_\_\_ **Monthly Donation**

To know more about this project, visit <http://www.kemcaana.org/doctors-house.php>

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**For credit card processing complete the information below and mail or fax:**

Charge to: \_\_\_\_\_ Visa                      \_\_\_\_\_ Master Card                      \_\_\_\_\_ Amer. Exp.

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Signature: \_\_\_\_\_

**KEMCAANA**  
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Memphis, TN 38104  
Phone Number: 901-722-0561  
Fax Number: 901-722-0452