

April 15, 2011

Dear Friends and Supporters of the Medical Society Alliance:

As the Sierra Sacramento Medical Society Alliance begins a new year we are seeking your continued support for our programs. Your generosity is fundamental to the Alliance. Without it we will be unable to meet or to enhance the health of those living in our community. We have continuously provided for the well-being of our community for over 76 years. This year we received more requests for help than ever before. Because of your generous support we were able to increase our giving substantially. We thank you, our community thanks you!

In 2010, the Alliance's Community Endowment Fund helped meet community needs by:

- Granting **\$26,000** to local non-profit organizations for health related projects.
- Updating and distributing 25,000 copies of the ever popular guide to Community Resources for Older Adults.
- Raising more than **\$16,000** for AMA Foundation, the Medical Society Dochterman Scholarship Fund, and the Alliance's Community Endowment Fund with our unique **Holiday Sharing Card**.
- Awarding **\$2,500** in scholarships to 5 exemplary nursing students.
- Raising **\$27,000** through our **ART of MEDICINE** fundraiser.

We are proud of our efforts to give back to our community. We know you share our concern for those with less opportunity and resources to grow and live in a healthy environment. Once again, we are asking you to invest in your community by supporting SSVMSA's Community Endowment Fund. Make a **tax-deductible** contribution today and make a difference in our community.

Select your giving level, complete the tear-off and include it in the enclosed envelope.

Platinum Alliance Benefactor	\$1,000 or more
Golden Alliance Patron	\$ 500 - \$599
Silver Alliance Supporter	\$ 100 - \$499
Bronze Alliance Friend	\$ 50 - \$ 99
*Optional SSVMSA Membership \$60	

We can't do it without you!

Thank You for your past and present support!

Barbara Andras
President, SSVMSA

Enclose the following form with your gift/card information in the provided envelope.

Name: _____ Telephone _____

Address _____

Donation Amount \$ _____ + Yes, I want to be a SSVMSA Member! \$60 (Circle if applicable)

Total: \$ _____ Check _____ (Payable to SSVMSA) OR Credit Card _____

Credit card payment: Name as it appears on card _____

_____ (please print)
Visa _____ MC _____ Card # _____ Exp. ____/____