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My check is enclosed I'll use my credit card

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PLEASE PRINT CLEARLY

*For monthly donations, please indicate start date: _____ and end date: _____ (optional)

~We are grateful for your generosity~

Every contribution furthers our work. We couldn't do this without you.

**Please mail to: National Physicians Alliance
888 16th St NW, Suite 800, PMB 835, Washington DC 20006**

The NPA is a 501c3 public charity. All contributions are tax-deductible.