

The **Robert and Marjorie Goodson Oncology Wellness Program** is a collaboration of services provided by East Alabama Medical Center. Our Oncology Wellness Program helps patients and caregivers to live better, feel stronger, and grow through the challenges associated with cancer treatment.

Services include exercise (including aquatics), massage therapy, nutritional counseling, and stress management. These services are at no cost to the patients, and are funded through the *Robert and Marjorie Goodson Oncology Wellness Program*.

HealthPlus Fitness Center is organizing a **Silent Auction and Field Event** called "**Fit to Fight**" to raise money for this wonderful cause on **July 15, 2017**. HealthPlus is accepting monetary contributions and donations to help our event in order to continue this amazing program. Some examples of donations would include but not limited to: sporting event tickets, gift baskets, professional services, gift certificates, etc.

For monetary contributions, please go to the *EAMC Foundation Website* and select **Donate**, then **Donate to the Foundation** on left hand side. Under *Designation*, select **Goodson Oncology Wellness Program** in Dropdown box.

<http://www.eamcfoundation.org/Give/WaysToGive>

If you would like to find out more information on how to donate, participate, or contribute, please contact **Rachel Carswell** at rachel.carswell@eamc.org or call HealthPlus Fitness Center at (334) 887-5666.

Please contact Rachel about sponsorship or silent auction donations by July 1, 2017.

We truly appreciate your support in continuing this incredible program!



FIT TO FIGHT

The Cancer Center
of East Alabama



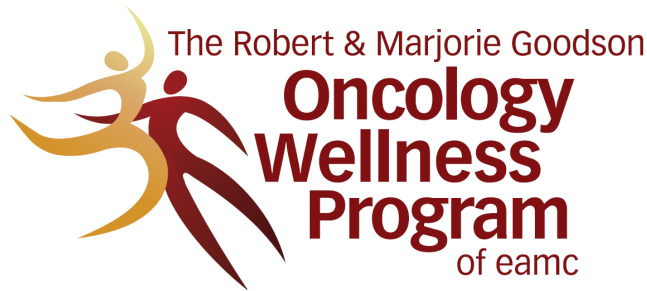
cancercenter.eamc.org
334-528-1070



334-528-1964



healthplusfitness.com
334-887-5666



Goodson Oncology Wellness Program Donation Form

Donation Amount: \$ _____

Donor Information:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Tribute Information (Optional):

My gift is in (circle one) honor/memory of: _____

Please acknowledge:

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment Information:

Cash Enclosed: Yes No Check #: _____




Credit Card Type (Circle one): Visa MasterCard American Express Discover

Cardholder's Name: _____

Credit Card Number: _____ Exp. Date: _____

Please mail this form to: EAMC Foundation
2000 Pepperell Parkway
Opelika, AL 36801

Phone: 334-528-5868
Fax: 334-528-1347
Email: rachel.carswell@eamc.org

Sponsorship Levels			
Minimum Donation Amount	\$50+	\$250	\$500
Tax Receipt Provided	✓	✓	✓
Be announced and thanked during our Event	✓	✓	✓
Corporate logo displayed on Social Media		✓	✓
Medium size corporate logo displayed on Event T-Shirt		✓	
Large size corporate logo displayed on Event T-Shirt			✓