



*Illinois Rural Health Association
Fourth Annual Illinois
Rural Physician of Excellence Award*

Dear Sponsor,

In September 2009, the Illinois Rural Health Association hosted its fifth *Rural Physician of Excellence Award* (Doc Hollywood Day) by honoring several rural physicians for their outstanding commitment and dedication to the health and welfare of their patients, their community and for humanitarian activities. Sponsors included the Prairie Heart Institute of Illinois, Don Moss & Associates, Illinois Hospital Association, Illinois State Medical Society, Physicians and Staff of Litchfield Family Practice Center, SIU School of Medicine Office of External and Health Affairs and many other hospitals and individuals. The awards were presented in a ceremony at the President Abraham Lincoln Hotel & Conference Center.

During the sixth annual Illinois celebration on September 15, 2010 IRHA will again honor outstanding rural physicians with the Rural Physician of Excellence Award for their work to improve the health and well-being of our rural and underserved residents. These are exemplary physicians working in rural and underserved counties of Illinois that go beyond the call of duty to care for residents and help build our rural and underserved communities.

To date IRHA has received significant commitments from both Prairie Heart Institute and SIU Healthcare. For the 2010 event, IRHA is looking to increase and expand our sponsorship list to fully underwrite the cost of the event. If you would like to support this important recognition event, please complete the form on the following page and return by August 1, 2010 by fax or mail to:

Alice M. Foss
IL Rural Health Association
310 E. Adams
Springfield, IL 62701
Phone: 217-522-4742
Fax: 217-522-2729



IRHA Physicians of Excellence Award

2010 Sponsorship Response

Yes, I want to support IRHA by sponsoring at the following level:

_____	Platinum Supporter	\$2500
_____	Gold Club Supporter	\$1000
_____	Silver Club Supporter	\$750
_____	Bronze Club Supporter	\$500

Other contribution: _\$_____

Sponsorship includes special event signage recognition at the awards ceremony and additional recognition in the awards program and other event printed material.

Name: _____ Email: _____

Business Name/Contact: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Enclosed is my check payable to IRHA in the amount of \$_____

Please my charge my _____ VISA _____ Mastercard

Name on Card _____ Exp. Date _____

Card # _____ CVV2#: _____ (three digit code on back of card)

Signature _____