



Fulton County Medical Center 3rd Annual 10K June 14, 2008



Fulton County Medical Center is committed to providing services and program to the community at large in an effort to have a healthy community. Your tax deductible donation will support the FCMC Community Benefit Program.

Please make your check payable to:
Fulton County Medical Center

You are sponsoring _____ in the _____.

Name	Address	Phone	\$ Amount	Cash/Check
Total			\$ _____	

Thank you for your support!