

## Fundraising Options Form

Tepeyac OB/GYN  
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Phone: 703-273-9440 • Fax: 703-273-9445  
www.tepeyacobgyn.com

Patient Name (please print): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Check all that apply:

OPT OUT: Please do not send me any further fundraising communications. \_\_\_\_\_. I understand this may mean that I do not receive personal notice of events or campaigns in which I may be interested that would help support Tepeyac continue its mission.

OPT BACK IN: Yes, I would like to receive future fundraising communications. \_\_\_\_\_. I understand I may receive occasional notices of events or fundraising needs from either Tepeyac OB/GYN or Divine Mercy Care, to benefit Tepeyac.

Patient Signature :

\_\_\_\_\_

Date Signed: \_\_\_\_/\_\_\_\_/\_\_\_\_

Please sign and email us this form via secure messaging on the Patient Portal if you have an account or via standard email at [info@tepeyacobgyn.com](mailto:info@tepeyacobgyn.com) if you wish to opt out. Please put Opt Out or Opt In in the subject line, as applicable. You may call us instead or fax us at the numbers listed above, or mail the form back to the address listed above to the attention of Privacy Officer, Tepeyac OB/GYN. We will promptly implement your request and inform you when we have done so.