

EVMS MEDICAL GROUP

FUNDRAISING OPT OUT FORM

If you would like to be removed from future fundraising communications from our organization, please indicate your wishes by completing the form below. This form should be forwarded to:

EVMS Medical Group
Privacy Office
4111 Monarch Way
Suite 500
Norfolk, VA 23508

Please note that it will take approximately four weeks to process your request.

I do not wish to be contacted for future fundraising efforts of Eastern Virginia Medical School and its affiliated entities. Please remove my name, address, and phone number from our donor list.

Name _____ Date of Birth or SSN _____

Address _____

Telephone _____

Signature _____ Date _____

You may also opt out through e-mail on the “contact us” page at EvmsMedicalGroup.com or by calling the Privacy Line at 757-451-6298.

OPT IN SECTION

Should you decide to opt back in at any time, please sign and date below and use this area to make your information current.

Name _____ Date of Birth or SSN _____

Address _____

Telephone _____

Signature _____ Date _____