



**ST. LUKE'S**  
FAMILY PRACTICE

**Letter of Interest**

I / We are interested becoming benefactors and receiving our care at St. Luke's Family Practice.

For my / our personal physician, I / we would prefer to see:

either physician       Dr. Forester       Dr. Heck

To guarantee that your application will be considered, return this completed form with a fully refundable deposit of \$100 per person to:

St. Luke's Family Practice  
1400 Florida Avenue, Suite 109  
Modesto, CA 95350

**Name(s)**

**Birthdate**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_

**Contact Information**

Primary Contact Person \_\_\_\_\_

Email address \_\_\_\_\_ Phone Number(s) \_\_\_\_\_

Mailing Address \_\_\_\_\_

I have reviewed the practice website at [www.stlukesfp.org](http://www.stlukesfp.org). I understand and agree that St. Luke's Family Practice is tax-exempt under section 501(c)(3) of the Internal Revenue Code and that the primary purpose of St. Luke's Family Practice is to serve the medical needs of individuals and families that cannot afford, or do not otherwise have access to, private health care coverage.

Signed \_\_\_\_\_ Date \_\_\_\_\_