

# KENTUCKY DOCTORS FOR LIFE FOUNDATION

Phone: (502)895-5025

Fax: (502)897-2426

PO Box 6418  
Louisville, KY 40206

Website: [KyDoctorsForLife.org](http://KyDoctorsForLife.org)  
Email: [KyDoctors4Life@gmail.com](mailto:KyDoctors4Life@gmail.com)

Dear Doctor:

Thank you for your interest in Kentucky Doctors For Life.

- 1) Fill out and return the enclosed QUESTIONNAIRE so we can put your name in the Doctors for Life Ads and on our website.
- 2) Return the QUESTIONNAIRE in the enclosed envelope with your best TAX DEDUCTIBLE donation to help pay for the Kentucky Doctors for Life ads. Physicians who donate \$200 or more will become members of the Kentucky Doctors for Life Foundation Advisory Board and your name will appear on the home page of our website.

Thank you for believing in the worth of all people, born and unborn.

J. Kristen Basham, MD  
Louisville, KY

Lewis Hicks, MD  
Lexington, KY

Julie Popham, MD  
Lexington, KY

Tom Benninger, MD  
Louisville, KY

Susan Janocik, MD  
Louisville, KY

Tim Popham, MD  
Louisville, KY

Vasti Broadstone, MD  
New Albany, IN

Carl D. Paige, MD  
LaGrange, KY

Mick Shaughnessy, MD  
Edgewood, KY

George Donovan, MD  
Erlanger, KY

Patrick G. Padgett, MD  
Owensboro, KY

Nancy Shaughnessy, MD  
Edgewood, KY

William Godfrey, MD  
Elizabethtown, KY

Bernard Popham, MD  
Louisville, KY

Frank G. Simon, MD  
Louisville, KY

# KY Doctors For Life Foundation – QUESTIONNAIRE

Please provide all of the following information so we can include you in the Pro-Life Ads. Answer the following questions, sign your name and enter your address.

1. (Please circle one.) (I am opposed to) (I support)  
abortion on demand as defined by the 1973 Supreme Court decision, Roe vs. Wade.
2. (Please Circle one: YES NO ). You may use my name in the Kentucky Doctors For Life Foundation ads.

SIGNATURE: \_\_\_\_\_ (Required)

(Signature required to add your name to the list of Pro-Life Doctors.)

3. SPECIALTY: \_\_\_\_\_ (Please print)

4. COUNTY: \_\_\_\_\_ (Please Print)

5. OFFICE PHONE: \_\_\_\_\_

6. I'M RETIRED: (Please circle one: YES NO )

7. Please send my correspondence to the address below: \_\_\_\_ OFFICE \_\_\_\_ HOME

If you are still a practicing physician, we prefer your office address.

NAME (please print): \_\_\_\_\_

ADDRESS (please print): \_\_\_\_\_

CITY (please print): \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: ( \_\_\_\_\_ ) \_\_\_\_\_ EXTENSION: \_\_\_\_\_

FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

EMAIL (please print): \_\_\_\_\_

8. I am enclosing my TAX DEDUCTIBLE donation of:

\$1000\_\_\_\_, \$500\_\_\_\_, \$200\_\_\_\_, \$100\_\_\_\_, \$50\_\_\_\_, Other \$\_\_\_\_\_.

Physicians who contribute \$200 or more will become members of the Kentucky Doctors for Life Foundation Advisory Board; and your name will also be included on the home page of our website: [kydoctorsforlife.org](http://kydoctorsforlife.org).

Please make your check payable to the **Kentucky Doctors for Life Foundation, Inc.** Your donation is tax deductible. (Donations are not required but will help defray the cost of the ads and future mailings.)

9. Please send me \_\_\_\_\_ more copies of this KY Doctors For Life Questionnaire.

*(Please feel free to make copies of this form before you fill it out, to hand out to other Doctors.)*

**Please return this form via: FAX (502)897-2426 or Scan it and email a pdf to: [kydoctors4life@gmail.com](mailto:kydoctors4life@gmail.com)**  
**Or Mail to: KENTUCKY DOCTORS FOR LIFE FOUNDATION PO Box 6418 Louisville, KY 40206**