



**Rhode Island Association of Naturopathic Physicians
Donation Form**

Your donation helps support access to quality healthcare in Rhode Island, and helps forward the field of Naturopathic Medicine in the areas of public education, accessibility, and efforts toward licensing naturopathic doctors in Rhode Island.

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Amount donated: _____ \$25 _____ \$50 _____ \$100 _____ \$200 _____ Other \$: _____

Thank you for your support!

Please send your check (made payable to the RIANP) to:

**RIANP
c/o Sheila M. Frodermann, ND
Providence Wholistic Healthcare
144 Waterman St, Suite #3
Providence, RI 02906**

(Please keep the section below as a record of your donation)

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Rhode Island Association of Naturopathic Physicians

RIANP

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Your support of the RIANP and access to quality healthcare in Rhode Island is greatly appreciated.