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FACSIMILE TRANSMISSION

TO: EXECUTIVE DIRECTOR **DATE:** _____

FROM: AMERICAN CONSULTANTS RX, INC. **PAGES:** ____ Including this cover
page

SENDER: Dorothy Weathers, Director of Communication
If there is a problem with transmission of this document, please contact
the above-named individual.

SUBJECT: FREE DISCOUNT PRESCRIPTION CARDS

COMMENTS:

Due to the overwhelming responses from many of the top nonprofit organizations, hospitals, clinics, and other community groups across the country, American Consultants Rx, Inc. will continue sponsoring our nationwide **community service project** (created in November 2004 and as of date have donated over 25 million discount cards throughout the country) which we are committed to DONATING up to 10 million FREE discount prescription cards to those in need, while supplies last.

We urgently need your help in getting these cards into the hands of those who need them! These cards are available for immediate use at no cost to your organization. American Consultants Rx, Inc. is DONATING these FREE discount prescription cards to your organization in which will assist your clients in receiving up to 40% discount on name brand drugs and up to a 60% discount on generic prescriptions. One card can be used for the whole family. Anyone can use these cards, but we are focusing on those who are uninsured, underinsured, or on Medicare. There is no expiration date, unlimited usage and no forms to complete. The cards are good at over 50,000 chain pharmacies like Walgreen, Walmart, Eckerd's, Kmart, Kroger, Publix, and many more.

Please fax the enclosed fax request to our office immediately indicating the amount of cards needed or register online at <http://www.acirx.org>. If you know of other organizations that would benefit from these cards, please pass on this information. Your help in this urgent matter is greatly needed and appreciated.

The information in this FAX is confidential and/or privileged. This FAX is intended to be reviewed initially only by the individual named and may only be further disclosed pursuant to the written authorization of the client's legal representative or as otherwise provided in O.C.G.A. Section 7-1-625 (c). If the reader of this transmittal page is not the intended recipient or a representative, you are hereby notified any review, dissemination or copying of the FAX or the information contained herein is prohibited and subject to civil damages and criminal penalties. If you have received this FAX in error, please immediately notify the sender by telephone or return this FAX to the sender at the address shown above. Thank you.

PRESCRIPTION CARD FAX REQUEST FORM

DATE _____
NAME _____
TITLE/POSITION _____
ORGANIZATION _____
ADDRESS _____
CITY _____
STATE _____ ZIP CODE _____
PHONE NUMBER _____
FAX NUMBER _____
AMOUNT OF CARDS REQUESTED (English) _____
(Spanish) _____

PLEASE FAX YOUR REQUEST TO: Dorothy Weathers at (404) 305-9539

Should you have any questions or concerns, please do not hesitate to contact us at (404) 767-1072. Also feel free to download a free discount prescription card (Under the Free ACIRX Card Download) or place your organizations request for free ACRX discount prescription cards online at <http://www.acirx.org> . Also feel free to mail the request form to ACRX, P.O.Box 161336, Atlanta, GA 30321 .

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