

## Contribution Information

I would like to donate to the Wisconsin Physical Therapy Fund

Enclosed is my check for:    \$25    \$50    \$100    other\_\_\_\_\_

I wish to support the future of the Physical Therapy profession in Wisconsin by joining the ***Legacy Society*** and pledge to donate \$1,000 over the next 5 years. Enclosed is my initial donation of \$200.

I would like to be recognized as an Elite Member of the ***Legacy Society***. Enclosed is my full donation of \$1000.

In honor of:\_\_\_\_\_

Occasion:\_\_\_\_\_

In memory of:\_\_\_\_\_

Acknowledgement to:

Name:\_\_\_\_\_

Address:\_\_\_\_\_

Please make check payable to: WPTF            Amount enclosed: \$\_\_\_\_\_

Please mail this form and your contribution to:

Wisconsin Physical Therapy Fund  
3510 East Washington Ave  
Madison, WI 53704