

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 indicate here if you would like your donation to go to the Wellness Fund

Please mail this form and your contribution to:

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