



WISCONSIN ACADEMY OF
FAMILY PHYSICIANS
FOUNDATION
STRONG FOUNDATION, HEALTHY FUTURE

I would like to make a donation* to help the WAFP-Foundation send Medical Students to the National Conference of Family Medicine Residents and Medical Students.

Contact Information

Name: _____

Company/Organization: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____

Donation Amount:

- Family Medicine Champion: **\$600** Family Medicine Partner: **\$165**
 Family Medicine Advocate: **\$435** Friend of Family Medicine: \$ _____

Matching to a student is a great way for physicians to connect with students while they are in medical school. Your donation can be matched to select students chosen to attend the National Conference, providing an opportunity for you to write a note of encouragement to them as they pursue a career in family medicine. If you do not wish to be matched, a student will be chosen at random to benefit from your support.

I would like to be matched to a student: Yes, match me No, thank you

Match Preference: MCW UW No preference

Payment method:

- Check Enclosed Please send me an invoice
 Please charge my credit card MasterCard Visa

Card Number: _____ 3 Digit Security Code _____ Card Expiration Date: ____/____/____

Signature: _____

Matching Gift

Many employers will match your gift. This match can double and sometimes triple your support of the foundation. Check with your employer, and if a match is available

- Gift will be matched by (company/foundation) : _____
 Form enclosed Form will be forwarded N/A

Return this form to:
Wisconsin Academy of Family Physicians – Foundation
210 Green Bay Road
Thiensville, WI 53092
Phone: (262) 512-0606
Fax: (262) 242-1862
Email: office@wafpfoundation.org

*The WAFP-Foundation is a 501(c)3 non-profit organization. Your donation is tax deductible to the extent allowed by law. No goods or services are provided in exchange for your financial donation.