



WISCONSIN ACADEMY OF  
FAMILY PHYSICIANS  
STRONG MEDICINE FOR WISCONSIN

# Legislative Involvement Fund

Help maintain the voice of Family Medicine in Wisconsin



## About Family Medicine:

The Wisconsin Academy of Family Physicians (WAFP) advocates for family physicians by actively pursuing and supporting legislation to:

- Increase access to affordable, quality and comprehensive health care.
- Successfully address the severe shortage of primary care physicians in Wisconsin.
- Significantly improve the overall health of Wisconsin and its citizens.

The legislative Involvement Fund helps WAFP achieve these goals by supporting legislators who are committed to improving the health of the people of Wisconsin through the advancement of Family Medicine.

## WAFP Supports Legislation that:

- Develops & Implements the Patient-Centered Medical Home Model
- Protects Medical Liability Caps
- Creates Medical Student Loan Forgiveness Programs
- Creates Health Care Cost and Quality Transparency
- Increases Medicaid Reimbursement Rates
- Preserves the Injured Patients and Families Compensation Fund

The Legislative Involvement Fund starts with a contribution from **YOU**

## How it Works

- **You** place money into the Fund.
- Upon **your** authorization, the fund makes contributions to candidates for state office.
- Periodically, the Legislative Involvement Fund Committee will contact **you** with suggestions as to particular candidates who merit support from family physicians.
- **You** can give consent or refuse any request for candidate support.
- **You** may direct that a contribution be made from your account to a particular candidate at any time.
- Donations from several donors to a particular candidate are pooled and a single check is sent by WAFP, with a letter listing each individual donor. The Fund files required reports of these contributions with the State Elections Board.

## Not A PAC

The WAFP Legislative Involvement Fund is a conduit, not a Political Action Committee (PAC).

- All money deposited into the fund remain under the control of the donor.
- Contributions are made only with the donor's permission.
- A separate account is maintained for each donor's deposit.
- The balance remaining can be returned at any time.



**To make a contribution, please fill out the form on the next page or donate online**

**Wisconsin Academy of Family Physicians**  
210 Green Bay Rd ♦ Thiensville, WI 53092  
(262) 512 – 0606 ♦ [www.wafp.org](http://www.wafp.org)

# Legislative Involvement Fund

## Contribution Form



### About Your Contribution

As a conduit, the Wisconsin Academy of Family Physicians (WAFP) Legislative Involvement Fund is designed to maximize the impact of our efforts to support Academy positions, such as improving access to health care and health insurance coverage, heightening awareness of the value of Family Medicine and advocating for public health improvements. Participants deposit money in individual accounts, and then authorize contributions to designated candidates of their choice.

Unlike a PAC, individuals who contribute to a conduit account have full control over which candidates receive those dollars. Once you have money in your conduit account, you can direct that money to candidates and committees of your choice.

Candidates who receive a WAFP Legislative Involvement Fund contribution acknowledge it as an individual contribution from you. At the same time, WAFP receives credit too, which supports our advocacy efforts.

**Questions?** Contact WAFP at (262) 512-0606

### How you contribute:

- **Contribute Online** [www.wafp.org](http://www.wafp.org)
- Fill out the form below and send it in along with your payment to:

#### WAFP Legislative Involvement Fund

210 Green Bay Road  
Thiensville, WI 53092

## Please complete all of the following information

This form authorizes an account to be created in your name within the WAFP Legislative Involvement Fund. In order to allocate funds from your account to a specific candidate, contact WAFP at [accounting@wafp.org](mailto:accounting@wafp.org).

**Name** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Email** \_\_\_\_\_

**Place the following in my personal account \$** \_\_\_\_\_

- ☐ I have enclosed a check ☐ Please charge my credit card the above amount

**Credit Card Number** \_\_\_\_\_

**Card Type** \_\_\_\_\_ **Expiration Date** \_\_\_\_\_ **Security Code** \_\_\_\_\_

*Contributions are not tax deductible. Contributions are voluntary and must be in the form of a personal check or personal credit card. Corporate contributions are not allowed.*