WISCONSIN ACADEMY OF FAMILY PHYSICIANS FOUNDATION
STRONG FOUNDATION, HEALTHY FUTURE

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WAFP-Foundation Donation Form

Thank you for donating to the WAFP-Foundation. Your unrestricted donation will help further the cause of Family Medicine in Wisconsin.

Contact Information

First Name _____ Last Name _____

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Please select your WAFP affiliation (WAFP Member, AAFP Member, Friend, Other): _____

Donation Amount

☐ $10 ☐ $20 ☐ $50 ☐ $100 Other:

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Many employers will match your gift. This match can double and sometimes triple your support of the Foundation. Check with your human resources office and if a match is available.

Gift will be matched ☐ Yes ☐ No Form enclosed ☐ Yes ☐ No ☐ N/A

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I am interested in including the Foundation in my estate planning, such as leaving a donation in my will or making a deferred gift. Please send me more information ☐ Yes ☐ No

In Honor/Memory Of

This gift is in honor/memory of

We appreciate your generosity and support for advancing family medicine in Wisconsin.

*The WAFP-Foundation is a 501(c)(3) recognized charity and your donation is tax deductible as allowable by the IRS.

Please send completed donation form to:

Wisconsin Academy of Family Physicians - Foundation
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