WISCONSIN ACADEMY OF FAMILY PHYSICIANS FOUNDATION
STRONG FOUNDATION, HEALTHY FUTURE

210 Green Bay Road | Thiensville, WI 53092
Phone: (262) 512-0606
Email: office@wafpfoundation.org
Website: www.wafpfoundation.org

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 _____

Address _____

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

Donation Amount

☐ $50 ☐ $100 ☐ $500 Other:

☐ One time ☐ Monthly

Payment Information

☐ Check Enclosed ☐ Please email me an invoice

☐ Please charge my credit card Card Type _____

Card Number _____ Exp Date (month/year) _____ 3-digit security code ____

Additional Information

Matching Gift

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

Planned Giving

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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