



I wish to support the future of the Physical Therapy profession in Wisconsin by joining the **Legacy Society** and contributing to the **Legacy Endowment Fund**

Name: _____

Address: _____

Phone: _____
 email: _____

- I pledge to donate \$1000 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

For inclusion in estate planning,
 contact WPT Fund at
 (608)221-9191

In Honor of (optional) _____

Method of payment: Check enclosed (make payable to WPT Fund)

- Charge my credit card: Visa Mastercard

_____ Exp. _____ V code _____

Please mail to: Wisconsin Physical Therapy Fund

P.O. Box 341

McFarland, WI 53558

(608)221-9191

www.wpta.org/wptfund.cfm



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