



## DONATION FORM

Name of University/College \_\_\_\_\_

Enclosed is our contribution of \$ \_\_\_\_\_

This contribution was raised with the following fundraising activity/activities:

\_\_\_\_\_

Does this contribution include funds donated by faculty? Yes:  No:

If yes, what amount is being contributed directly by faculty? \_\_\_\_\_

**Please circle one only, or if there are multiple checks being mailed, please GROUP AND LABEL donations by the types below.**

**This donation is:**

1. A donation from your school/PT club/etc., comprised of funds from multiple donors raised from an activity or fundraiser associated with your school.
2. A donation from an individual that is comprised of funds from multiple donors raised from an activity or fundraiser associated with your school.
3. A donation from an individual that is NOT comprised of funds from multiple donors.

**Program Director Information**

Program Director's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Student Coordinator Information**

Student Coordinator's Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**If your school is a winner, who will represent your school at the Foundation's PT Party on June 13, 2019 in Chicago, IL during APTA's NEXT Conference?**

Name: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Checks should be made payable to:**  
Foundation for Physical Therapy  
Research

**Mail your donation forms to:**  
Foundation for Physical Therapy  
Research  
1111 N. Fairfax St.  
Alexandria, VA 22314

**Donation forms are due to the above address by April 18, 2019.**

If the donation is expected to arrive late, please notify FPT at:  
[marquettechallenge@foundation4pt.org](mailto:marquettechallenge@foundation4pt.org).

