

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: \square No: \square
If yes, what amount is being contributed directly by faculty?
Please circle <u>one</u> only, or if there are multiple checks being mailed, please GROUP AND LABEL donations by the types below.
This donation is:
 A donation from your <u>school/PT club/etc</u>., comprised of funds from multiple donors raised from an activity or fundraiser associated with your school.
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 <u>individual</u> 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 virtual Foundation Awards Ceremony in June 2022?
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 3030 Potomac Ave., Suite 110 Alexandria, VA 22305

Donation forms are due to the above address by May 16, 2022.

If the donation is expected to arrive late, please notify FPTR at: marquettechallenge@foundation4pt.org.

