



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 or Faculty Challenge Lead: _____

E-mail Address: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Student Coordinator Information

Lead Student Coordinator: _____

E-mail Address: _____

Address: _____

City/State/Zip: _____

Phone Number: _____

Additional Student Coordinator Name and Email: _____

Additional Student Coordinator Name and Email: _____

Additional Student Coordinator Name and Email: _____

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 Tuesday, April 23,
2024**

If you are concerned your donation will not arrive by the deadline, please contact
the Foundation for assistance. marquettechallenge@foundation4pt.org

