



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: _____

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 April 23, 2024.

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

