



I wish to support the WPT Fund and its wellness initiatives for Parkinson's related diseases.

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

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

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

email: \_\_\_\_\_

I would like to donate:

- \$50
- \$100
- \$250
- \$500
- Other \_\_\_\_\_

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

(608)221-9191

[www.aptawi.org/wptfund.cfm](http://www.aptawi.org/wptfund.cfm)

McFarland, WI 53558