



I wish to support the WPT Fund.

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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

3510 E. Washington Ave.

Madison, WI 53704

(608)221-9191

www.wpta.org/wptfund.cfm