



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

3510 E. Washington Ave.

Madison, WI 53704

(608)221-9191

www.wpta.org/wptfund.cfm