



Oregon Academy of Family Physicians Foundation Donor Form

Part I: Donor Information

Donor's Name _____

E-Mail Address _____

Street Address _____

City, State, ZIP _____

Phone _____

Part II: Contribution Information

Please use my donation as follows:

\$ _____ Laurel G. Case Award for Rural Experiences

\$ _____ Mary Gonzales Lundy Award

\$ _____ Tar Wars Anti-tobacco program

\$ _____ Medical Ethics Lecture Fund

\$ _____ Locum Tenens Fund

\$ _____ General Fund

\$ _____ **Total tax-deductible donation**

Part III: Payment Options (Please check the payment option you prefer)

Check: Please make checks payable to OAFP/Foundation

VISA MASTERCARD

Card Number: _____ Expiration date: _____

Cardholder's billing address (if different than above):

Signature: _____

Please mail your contribution to: OAFP/Foundation, ATTN: Lynn Estuesta, 809 N. Russell, Ste 204, Portland, OR 97227. Thank you for your support.