

Oregon Academy of Family Physicians Foundation Donation Form

OAFP/F, 4225 NE Tillamook Street, Portland, OR 97213

Part I: Contact Information

Donor's Name _____

E-Mail address _____

Street Address _____

City _____

State _____ ZIP _____

Phone _____

Part II: Contribution Information

Please use my gift for one or more of the following funds:

- | | | |
|--------------------------|------------------|----------------------|
| <input type="checkbox"/> | President's Club | \$1,000 and above |
| <input type="checkbox"/> | Patron | \$ 500.00 - \$999.00 |
| <input type="checkbox"/> | Benefactor | \$ 250.00 - \$499.00 |
| <input type="checkbox"/> | Sponsor | \$ 100.00 - \$249.00 |
| <input type="checkbox"/> | Friend | \$ 1.00 - \$ 99.00 |

\$ _____	Laurel G. Case Award
\$ _____	Mary Gonzales Lundy Award
\$ _____	Tar Wars
\$ _____	Medical Ethics Lectureship Fund
\$ _____	General Fund
\$ _____	Total Tax-Deductible Donation