



Annual Fund Donation Form

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Please accept my donation of:

\$100 \$250 \$500 \$1,000 Other _____

Enclosed is a check payable to the Foundation for Physical Therapy

I am interested in making a planned gift, please send me information.

Please charge my gift: in total or \$____monthly for ____months

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Mail to:
Foundation for Physical Therapy
1111 North Fairfax Street
Alexandria, VA 22314-1488

Or make donations online at: Foundation4PT.org