

American Association for Women Podiatrists, Inc

APMA Educational Foundation Contribution Form
Please take a moment to fill out the following form and send to:

APMA Educational Foundation
9312 Old Georgetown Road Bethesda, MD 20817

Or fax credit card orders to: 301-530-2752 – See Below

First Name _____ MI _____ Last _____

Address _____ City _____ State ____ Zip Code _____

Enclosed is my gift of \$ ____, payable to the APMA Educational Foundation.

Please Indicate Below:

This is to be used for:

____ **Annual Giving Circle of Opportunities – for unrestricted support**

____ **Memorials and Honors as indicated below**

___ In Memory of: _____

___ In Honor of: _____

Occasion: _____

Send acknowledgement to:

Name _____

Address _____ City _____ State _____ Zip _____

To the APMA Educational Foundation:
Please earmark this donation for the AAWP
Endowment Account

For Credit Card Payments:

Circle one of the following: American Express Visa MasterCard

Card Number: _____ Expiration: _____ Signature: _____

Your Name: _____ Address: _____

City _____ State _____ Zip: _____