



## FPMS Annual Giving Campaign

A contribution to the FPMS Educational Foundation is one of the most important investments you can make for the future of podiatric students and the podiatric medical profession. We invite you to make a tax-deductible donation.

☐ YES, I will donate to the FPMS Educational Foundation Campaign.

☐ \$1,000    ☐ \$500    ☐ \$250    ☐ \$100    ☐ Other \$ \_\_\_\_\_

Would you like this to be a recurring monthly donation?    ☐ Yes, Charge me every month    ☐ No

Name \_\_\_\_\_ Member Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Please designate my donation to:    ☐ Student Scholarship Fund    ☐ Educational Programs

Payment (*check one*):

☐ Check – Amount enclosed: \$ \_\_\_\_\_ (*Please make check payable to FPMS Educational Foundation*)

☐ VISA    ☐ MasterCard    ☐ American Express    ☐ Venmo (@FLPMS)

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_ Security Code \_\_\_\_\_

Signature \_\_\_\_\_

My gift is in memory or in honor of \_\_\_\_\_

*Please provide a name and address if you would like FPMS to notify family member of memorial gift or recipient of honor.*

Please mail, fax, or email this completed form with your contribution to:

FPMS Educational Foundation  
3375-F Capital Circle NE, Ste. 201  
Tallahassee, FL 32308  
Fax Number: (850) 681-0899  
Email: [admin@fpma.com](mailto:admin@fpma.com)