



FAMILY MEDICINE RESEARCH CHAMPIONS Research Fund Commitment Form

*To start a research fund today, donate at least \$250
and let us know how you will fund the rest.*

Available endowment levels for the Family
Medicine Research Champions program:

Platinum	\$50,000
Gold	\$25,000
Silver	\$10,000
Bronze	\$5,000

I pledge to donate money to reach the
_____ level.

I would like the fund to carry the name of: _____.

Please describe how you will meet the commitment (monthly installments, an annual gift, etc).

Your Name: _____

Address: _____

Method of Contribution: Check Credit Card

Credit Card Type: _____ Card Number: _____

Expiration Date: _____ Phone Number: _____

Signature: _____

Thank you for your generosity. Please return this form to:

Texas Academy of Family Physicians Foundation
Attention: Kathy McCarthy
12012 Technology Blvd., Ste. 200
Austin, Texas 78727
Fax: (512) 329-8237
e-mail: kmccarthy@tafp.org