



# FOUNDATION MEMORIAL FUND

## *Remembering Colleagues*

**GIVING BACK & MAKING A DIFFERENCE  
FOR THE FUTURE OF PODIATRIC MEDICINE**

Designate contributions in memory of a loved one. The TPMF Memorial Fund supports the endowment to give multiple grants per year.

The Memorial Fund is setup to become endowed once it reaches \$24,000 and will generate annual grants in perpetuity.

### **WHO WE ARE:**

- Provide a network for institutions, programs and students participating in post-graduate lower extremity education.
- Provide grant support to medical residency programs, graduates and students.
- Support mission and charitable projects for indigent communities worldwide while promoting lower extremity care and surgical correction to the public.

**TPMF is a tax-exempt 501(c)3 organization.**

**Interested in grants and estate planning?**  
Information available. Just ask!

For more information,  
contact Krista Richter at [staff@txpmf.org](mailto:staff@txpmf.org)  
or call 512-626-3674.

# MEMORIAL FUND DONOR INFORMATION

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Full Name

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Full Address

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Email

Phone #

## IN MEMORY OF...

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Full Name

## DONATION NOTIFICATION INFORMATION

Who would you like notified of this donation?

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Full Name(s)

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Full Address

## PAYMENT

Total Donation \$ \_\_\_\_\_

- Full Payment *upon receipt*
- 2 Payments Option *(1 upon receipt & 1 in November)*
- 4 Payments Option *(1 upon receipt & quarterly thereafter)*

**\*Note:** Credit Card must be on file to autocharge for multi-payments.  
By signing below, you authorize this charge.

Check (# \_\_\_\_\_)     MasterCard     Visa     AMEX

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Cardholder Name

Cardholder Signature

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Credit Card #

Exp Date

Sec Code

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Full Billing Address for Card *(including city, state & zip)*

### THANK YOU FOR YOUR DONATION!

Please note that the contribution deductible for federal income tax purposes is limited to the excess of money contributed over the fair market value of goods or services provided by TPMF. Please verify deductions with accounting professional.

A receipt will be sent to you using the above information you have provided. If requested, a formal note will be sent to those listed about to receive a donation notification.

## TEXAS PODIATRIC MEDICAL FOUNDATION

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