

# Family Medicine Forward Campaign Pledge Form

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Email

\_\_\_\_\_  
Date

*For more information or to make a gift,  
please contact Paige Zelinsky at  
paigez@acofp.org or (847) 952-5530.*

Your support will shape the  
future of our profession.

It is my intent to commit the following  
tax-deductible pledge to the **ACOF  
Foundation** (payable over 1-3 years):

- Founders:** \$7,500
- Visionary:** \$5,000
- Leader:** \$2,500
- Champion:** \$1,000
- Friend:** <\$1,000

Specify: \_\_\_\_\_

**Other:** \_\_\_\_\_

I would like to fulfill my pledge over:

**1    2    3** years.

Billed:

- Annually**     **Semi-annually**
- Quarterly**     **Monthly**



FAMILY  
MEDICINE  
**FORWARD**

POWERED BY THE ACOFP FOUNDATION

*Together, we can ensure  
that the future of our  
profession is resilient,  
compassionate, and  
dedicated to providing  
the best possible care for  
patients and their families.*



**Be the support you had  
early in your career.**

**// DONATE TODAY**

**acofpfoundation.org**

