



Kentucky Academy of Family Physicians
FOUNDATION

I _____ would like to invest in the future of family practice
My Spouse and I _____ with the enclosed gift of \$ _____.
My Practice _____

List donor name(s) as _____

I have included the KAFP/F in my will.
 I would like more information on including the KAFP/F in my will.

PLEASE DIRECT MY CONTRIBUTION TO:

- Restrict for the purpose of _____
- Restrict for KAFP/F to use for greatest need
- Share with AAFP Foundation as unrestricted gift
- In memory or honor of _____

Please make your tax deductible gift payable to the KAFP/F and mail with this card in the enclosed envelope to: KAFP/F, 1169 Eastern Pkwy, Ste. 3323, Louisville, KY 40217.

LEVELS OF GIVING

- Hippocrates Society \$5,000 over 5 years
- Grand Patron \$1,000 up
- Patron \$500-\$999
- Sustainer \$250-\$499
- Sponsor \$100-\$249
- Donor \$1-\$99