



# Pay It Forward Fund

## Donation Form

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### Donor Information (Please print or type)

Name \_\_\_\_\_

Billing Address \_\_\_\_\_

City, ST, Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

### Pledge Information

I (We) pledge a total of \$ \_\_\_\_\_ towards the Pay It Forward Fund to give the gift of physical therapy for someone in need.

I (We) plan to make this contribution in form of:  Check  Cash  Credit Card (Visa or MC)

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Gift will be matched by (company, family, foundation) \_\_\_\_\_

Form enclosed  Form will be forwarded

### Acknowledgement Information

Please use the following name(s) in all acknowledgements: \_\_\_\_\_

\_\_\_\_\_  
 I (We) wish to have our gift remain anonymous.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please make checks, corporate matches or gifts payable to:

Miami Physical Therapy Associates, Inc.  
2869 SW 27<sup>th</sup> Avenue  
Miami, FL 33133