

CONTRIBUTION TO THE PHYSICIAN AND SURGEON TASK FORCE



Foundation for Foot and Ankle Education
2430 K Street, Suite 200
Sacramento, CA 95816
(800) 794-8988/(916) 448-0258
www.calpma.org

Contributor Name: _____

Amount: \$ _____

Phone: _____ Email: _____

Payment Method: Check (enclosed) Visa MasterCard Discover AmEx

*Please make checks out to **Foundation for Foot and Ankle Education** with **"P&S Task Force"** in the memo field.
Donations are tax deductible.*

Credit Card #: _____

Ex. Date (mm/yy): _____ CVV Code: _____

Signature: _____

Billing Address: _____

City, State Zip: _____

On behalf of the profession, thank you for your support.



FAX: (916) 448-0258



MAIL: CPMA - 2430 K Street, Suite 200 - Sacramento, CA 95816



PHONE: (800) 794-8988