



Be a part of the Physician Group Giving Society!

The Emergency Medicine Foundation (EMF) is launching our Physician Group Giving Society for groups who have exhibited an unparalleled commitment to the specialty of emergency medicine. These are groups committed to the growth of their individual physician members who understand the impact of leadership giving and are taking their support to the next level.

Engage your group.
Mobilize their support.
Fulfill the mission of EMF.

LEVEL I: THE VISIONARIES Giving \$10,000+

- Premium signage with logo branding at *ACEP17* in Washington DC
- Twelve tickets to EMF's VIP reception at *ACEP17*
- Access for twelve physicians to EMF's exclusive major donor lounge at *ACEP17*
- Three invitations to the *ACEP/EMF Corporate Council* meeting in July 2017
- Bi-annual editorial recognition in member e-newsletter *Emergency Medicine Today*
- Recognition in *Annals of Emergency Medicine*
- Year-round recognition on the EMF website emfoundation.org/groupgiving

LEVEL II: THE INNOVATORS Giving \$5,000+

- Six tickets to EMF's VIP reception at *ACEP17* in Washington DC
- Access for six physicians to EMF's exclusive major donor lounge at *ACEP17*
- One invitation to the *ACEP/EMF Corporate Council* meeting in July 2017
- Recognition in *Annals of Emergency Medicine*
- Recognition at *ACEP17*
- Year-round recognition on the EMF website emfoundation.org/groupgiving

LEVEL III: THE ADVOCATES Giving \$1,000

- Two tickets to EMF's VIP reception at *ACEP17* in Washington DC
- Access for two physicians to EMF's exclusive major donor lounge at *ACEP17*
- Recognition in *Annals of Emergency Medicine*
- Recognition at *ACEP17*
- Year-round recognition on the EMF website emfoundation.org/groupgiving

**Leverage your resources to support research that
advances emergency medicine and improves patient care**

GROUP GIVING

Enrollment Form

Contact and Title: _____

Physician Group Name: _____

(Print exactly as name should appear in recognition)

Address: _____

City: _____ State: _____ ZIP: _____

Billing Address: _____

City: _____ State: _____ ZIP: _____

Telephone: _____ Fax: _____

E-mail: _____

Our physician group is joining at the following level:

Level I \$10,000+

Level II \$5,000+

Level III \$1,000+

Signature: _____ Date _____

Printed Name: _____

Payment Options:

Check - Please make check payable to the Emergency Medicine Foundation

Credit Card (one-time payment) Credit Card (split payment; 1st half now, 2nd half in 3 months)

MasterCard

Visa

American Express

Discover

Credit Card #

\$ _____

Amount

_____/_____
Exp. Date

3-digit security code

Zip Code

Signature for credit card payment: _____

Date of signature: _____

Please send the completed form to:

Jana Nelson
EMF Strategic Partnership Manager
P.O. Box 619911
Dallas, TX 75261-9911

Email your information to jnelson@acep.org or call 469-499-0157 with questions.

