Be a part of the Physician Group Giving Society!

The Emergency Medicine Foundation (EMF) Physician Group Giving Society is 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 ACEP19 in Denver
- Twelve tickets to EMF’s VIP reception at ACEP19
- Access for twelve physicians to EMF’s exclusive major donor lounge at ACEP19
- Three invitations to the ACEP/EMF Corporate Council meeting in July 2019
- 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/donors-and-partners/physician-group-giving-society

**Level II: The Innovators** Giving $5,000+
- Six tickets to EMF’s VIP reception at ACEP19 in Denver
- Access for six physicians to EMF’s exclusive major donor lounge at ACEP19
- One invitation to the ACEP/EMF Corporate Council meeting in July 2019
- Recognition in Annals of Emergency Medicine
- Recognition at ACEP19
- Year-round recognition on the EMF website emfoundation.org/donors-and-partners/physician-group-giving-society

**Level III: The Advocates** Giving $1,000
- Two tickets to EMF’s VIP reception at ACEP19 in Denver
- Access for two physicians to EMF’s exclusive major donor lounge at ACEP19
- Recognition in Annals of Emergency Medicine
- Recognition at ACEP19
- Year-round recognition on the EMF website emfoundation.org/donors-and-partners/physician-group-giving-society

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

☐ MasterCard   ☐ Visa     ☐ American Express   ☐ Discover

__________________________________________ $ ________________

Credit Card #                     Amount

______/______ ________________  ____________________

Exp. Date          Security code         Zip Code

Signature for credit card payment: __________________________________________________

Date: ______________________

Please send the completed form to:

Tanya Downing, Director, Foundation Development
Emergency Medicine Foundation
4950 W Royal Lane
Irving, TX 75063-2524

Email your information to tdowning@acep.org, or fax completed form to 972-580-2816