

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 *ACEP21*
- Twelve tickets to EMF's VIP reception at *ACEP21*
- Access for twelve physicians to EMF's exclusive major donor lounge at *ACEP21*
- 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 *ACEP21*
- Access for six physicians to EMF's exclusive major donor lounge at *ACEP21*
- Recognition in *Annals of Emergency Medicine*
- Recognition at *ACEP21*
- Year-round recognition on the EMF website
emfoundation.org/donors-and-partners/physician-group-giving-society

LEVEL III: THE ADVOCATES Giving \$2,500

- Two tickets to EMF's VIP reception at *ACEP21*
- Access for two physicians to EMF's exclusive major donor lounge at *ACEP21*
- Recognition in *Annals of Emergency Medicine*
- Recognition at *ACEP21*
- 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 \$2,500+

Signature: _____ Date _____

Printed Name: _____

Payment Options:

Check - Please make check payable to the Emergency Medicine Foundation

Credit Card

MasterCard

Visa

American Express

Discover

\$ _____
Amount

/_____
Exp. Date

Security code

Zip Code

Signature for credit card payment: _____

Date: _____

Please send the completed form to:

Peggy Brock, Executive Director
Emergency Medicine Foundation
4950 W Royal Lane
Irving, TX 75063-2524

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

