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: ______________________ Date ____________________

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:

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