

**Washington State Emergency Medicine Action Fund
Contribution Form**

An assessment of five (5) cents per chart based on the number of ED visits from 2010 is requested from all practicing ED Groups across the state. For those groups restricted from such contributions, i.e. WA state employees, etc., we ask for a personal contribution. The average contribution should be between \$100-\$200 per practitioner. Contributions are not tax deductible.

Name _____

Title _____

Hospital/Group _____

Address _____

City/State/Zip _____

Phone _____

Email _____

<input type="checkbox"/> Group Contribution:	# visits _____ x 5 ¢	\$ _____
<input type="checkbox"/> Individual Contribution:	# visits _____ x 5 ¢	\$ _____
<input type="checkbox"/> Other Contribution:		\$ _____
TOTAL CONTRIBUTION:		\$ _____

PAYMENT:

Enclosed is my check made payable to: **WA/ACEP Action Fund**

Credit Card Payment: (Visa or MasterCard Only)

Print Name: _____

CC#: _____ Exp Date: _____

Signature: _____

Billing Address: _____

Please send this completed form and payment to:

Mail: WA/ACEP Action Fund, 2033 Sixth Avenue, Suite 1100, Seattle, WA 98121

Fax: 206-441-5863

Email: smc@wsma.org