



CONNECTICUT ACADEMY OF  
FAMILY PHYSICIANS

CARING FOR CONNECTICUT'S FAMILIES

### CAFP Foundation

I am pleased to make a contribution of \$\_\_\_\_\_ to the Connecticut Academy of Family Physicians Foundation, which annual makes Awards to Medical School Students to help them finance their education. My check made out to the CAFP Foundation is enclosed.

I wish my contribution to be applied to:

The Joseph & Roberta Czarsty Endowment Fund

The Markley Practice Management Education Fund

The CAFP Foundation General Fund

Contributions to the Foundation are tax deductible.

Name \_\_\_\_\_ Date \_\_\_\_\_

**THIS FORM AND YOUR CHECK SHOULD BE RETURNED TO THE ACADEMY EXECUTIVE  
OFFICE – P.O. BOX 30, BLOOMFIELD, CT 06002**