



## Individual Supporter Application

For: Individuals who are ineligible for membership, but wish to support the AMA Alliance

Name \_\_\_\_\_

Address \_\_\_\_\_

Cell Phone \_\_\_\_\_

Alternate Phone \_\_\_\_\_

Email \_\_\_\_\_

### Individual Supporters

\$65 annually – Supporters will receive a mailed subscription to our publication (*Physician Family Magazine/Alliance in Motion*) and a \$50 tax deductible donation to a 501(c)(3) organization the AMA Alliance supports.

Choose one: \_\_\_\_\_ **Alliance Health Education Initiative** – My donation will support community health education and charitable endeavors in collaboration with the AMA Alliance and its affiliated state, county and parish Alliances, and other health-oriented civic and charitable community groups.

\_\_\_\_\_ **AMA Alliance Grassroots Physicians of Tomorrow Scholarship through the AMA Foundation**– My donation will support the endowed scholarship fund. Scholarships are awarded to rising 4<sup>th</sup> year medical students with an interest in and commitment to women’s and/or children’s health issues.

I would like to make an additional donation in the amount of \$\_\_\_\_\_ to support the AMA Alliance. This donation will not be tax deductible.

TOTAL AMOUNT DUE (Including additional donation): \$\_\_\_\_\_

Please note: Supporters are not considered members of the AMA Alliance nor are they entitled to voting privileges described in our bylaws.

*Please send application and payment to:*

AMA Alliance  
5329 Fayette Ave.  
Madison, WI 53713  
1-800-549-4619

*Thank you!*