



# Wisconsin Public Health Association

FRIENDS OF PUBLIC HEALTH

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**BECOME A FRIEND  
OF PUBLIC HEALTH!**

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702 Eisenhower Drive, Suite A  
Kimberly, WI 54136  
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[www.wpha.org](http://www.wpha.org)

WPHA supports activities to promote and protect our state's public health. With your help, we can do even more. *Friends of Public Health* increases our efforts to promote and protect health by raising money for special projects, activities and new initiatives. **Become a friend of public health today!** • •

Friends will expand WPHA's efforts to sponsor and support innovative one-time public health system projects that are in keeping with our mission when no other source of financial support is available. Your contributions are made to one of several designated categories—and will be used specifically to fund activities within that category.

**Current fund categories include:**

**Scholarship.**

Funds will be used to support scholarships for attendance by WPHA members to conferences, training and education.

**Leadership Development.**

Funds will be used to support participation in leadership development programs, including sponsoring a candidate for MARPHLI.

**Speakers.**

Funds will be used to draw national speakers to Wisconsin for special events and conferences, including the WPHA Annual Conference.

**Projects and Initiatives.**

General use funds to be spent at the discretion of the Board of Directors for specific projects or initiatives other than routine operating expenses.

The Board of Directors may by a two-thirds vote establish other categories. Once established and funded, a category cannot be modified, although the Board of Directors may create a modified category designed to replace a prior category for future donations.



**YES, I want to be a Friend of Public Health.**

**Level of Donation:**  \$500  \$250  \$100  \$50  Other: \_\_\_\_\_

**Category (indicate amount per category):**

\_\_\_\_\_ Scholarship \_\_\_\_\_ Leadership Development \_\_\_\_\_ Speakers \_\_\_\_\_ Projects and Initiatives

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Cash  Check  
 Credit Card:  Visa  MasterCard CC#: \_\_\_\_\_  
 Signature: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

