



AAFPRS Foundation FACE TO FACE Program
■ *The National Domestic Violence Program* ■

Yes, I will participate in the AAFPRS Foundation's Pro Bono Domestic Violence Program.

Please Print:

Name _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail: _____

By signing this form you have already spoken with your Hospital and/or Surgical Center and they are willing to donate their services.

Signature _____

Please indicate your membership status with AAFPRS.

Fellow Emeritus Member Member Resident Member International Member

Please FAX this form to the AAFPRS Foundation at **703-299-8898**.

Thank you for your participation and support of the AAFPRS Foundation.