



AOTPAC Student Challenge

Contribution Form

Please **print and fill out** this form when submitting your contribution to AOTPAC on behalf of your SOTA organization.

Please send this form with a check made to **"AOTPAC"** to:

Darlene Dennis
AOTPAC Student Challenge, AOTA
6116 Executive Blvd., Suite 200
North Bethesda, MD 20852

Student Organization (SOTA) Name and School:
School Address (Street, City, State):
Contact Person Name:
Contact Person Email:
Contact Person Phone number:
Contribution Amount:
Briefly Share How Funds Were Raised:

Thank you!
Your hard work to promote the occupational therapy profession is outstanding.