

# The Freedom of Movement Fund

ADVANCING THE FUTURE OF ORTHOPEDICS



It Starts With **You**

YOUR GIFT HELPS PATIENTS AND FAMILIES  
AND SUPPORTS RESEARCH



## With **your** support we can:

- Continue to make inroads against debilitating orthopedic diseases and injuries;
- Provide support for research and education to keep people active throughout their lifetime;
- Translate research in orthopedics into improved techniques and better patient outcomes;
- Improve the quality of life for children and adults.

Thank you for considering a gift to  
The Freedom of Movement Fund.



*Four-year-old Julian gives a thumbs-up to Dr. Blaise Nemeth who performed a non-surgical procedure to correct Julian's clubfoot.*



**R**esearch and innovation are significant parts of the culture of the Department of Orthopedics and Rehabilitation at the University of Wisconsin School of Medicine and Public Health. We are committed to bringing the best and brightest researchers to our labs and supporting them in their work. In return, they deliver advanced medical technologies, curative treatments and regenerative therapies, which then become

available to those who suffer from pain and limitation due to musculoskeletal disease, trauma and injury.

The Freedom of Movement Fund supports research that improves quality of life for people with bone and joint disorders and injuries. Your donation, in any amount, provides much-needed support that will keep us all moving, pain-free, for a lifetime.

# You Can Help Create the Future of Orthopedics

- YES, I would like to make a gift to The Freedom of Movement Fund.** (Fund #12587672)

**To give online, visit [ortho.wisc.edu/giving](http://ortho.wisc.edu/giving)**

- \$2,500    \$1,000    \$500    \$250    \$100  
 \$50    Other \$ \_\_\_\_\_

\_\_\_\_\_  
FIRST NAME LAST NAME

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY STATE ZIP CODE

\_\_\_\_\_  
EMAIL ADDRESS PHONE NUMBER

## Payment Options

- Enclosed is my/our check made payable to **UW Foundation The Freedom of Movement Fund.**
- My company has a matching gifts program. I pledge to have \_\_\_\_\_ match my gift at \_\_\_\_%.  
COMPANY NAME
- I/We prefer to pay by credit card.
- Visa    MasterCard    American Express    Discover

\_\_\_\_\_  
CARD NUMBER EXP. DATE (MONTH/YEAR)

\_\_\_\_\_  
FULL NAME ON CARD TODAY'S DATE

\_\_\_\_\_  
SIGNATURE (REQUIRED TO VALIDATE PAYMENT)

- Please send me information about including the Department of Orthopedics and Rehabilitation in my will and/or estate plan.

## Please return this form to:

**The Freedom of Movement Fund**  
University of Wisconsin Foundation  
US Bank Lockbox  
Box 78807  
Milwaukee, WI 53278-0807

# It Starts With You

*It Starts With You* provides opportunities for patients, families and friends to have an impact on patient care and research at UW Health through charitable giving.

## For more information

Your gift to The Freedom of Movement Fund is tax deductible. For information on planned and deferred giving, contact:

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Visit [ortho.wisc.edu/giving](http://ortho.wisc.edu/giving) to learn more.



School of Medicine  
and Public Health  
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