

WPT-Conduit Contributor Information Sheet

Name: _____

Address: _____

Title and Primary place of employment: _____

Phone Home: _____

Work: _____

Fax: _____

E-mail: _____

Amount of Contribution: \$ _____

____ Check Enclosed

____ I would like to pay with my credit card in the amount of _____.

(Credit Card# _____ Exp. Date _____)

____ I would like to pay in ____ installments of _____ on my credit card.

(Credit Card# _____ Exp. Date _____)

Designation: _____ For Future Use When Needed

_____ For Conduit Solicitation Expenses

_____ For Specific Candidate or Legislator

Specify _____

Signature _____

Date _____

When a need is identified you will be contacted to authorize or decline disbursement of your funds to a particular elected official, candidate or committee. It is important we hear from you as soon as you are contacted! Thank you for your support of the Wisconsin Physical Therapy Conduit.

WPT-Conduit

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