



## WPT-Conduit Contributor Information Sheet

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Title and Primary place of employment: \_\_\_\_\_

\_\_\_\_\_

Phone Home: \_\_\_\_\_

Work: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

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  
4781 Hayes Road #201  
Madison, WI 53704  
608/221-9191  
608/221-9697 Fax \_\_\_\_\_