

## WPT-Conduit Contributor Information Sheet

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

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

\_\_\_\_\_

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

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 \_\_\_\_\_ 3-digit \_\_\_\_\_)

*WPTA accepts VISA, MasterCard and Discover*

\_\_\_\_\_ I would like to pay in \_\_\_\_\_ installments of \_\_\_\_\_ on my credit card.

(Credit Card# \_\_\_\_\_ Exp. Date \_\_\_\_\_ 3-digit \_\_\_\_\_)

*WPTA accepts VISA, MasterCard and Discover*

Designation: \_\_\_\_\_ For Future Use When Needed

\_\_\_\_\_ For Conduit Solicitation Expenses

\_\_\_\_\_ For Specific or Legislator or Party

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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website