

2018 CHIEF Pledge Form

Name: _____

2018 Pledge Amount: _____

Method of Payment

Sustaining giver – sign me up for recurring Automated Clearing House (ACH) contributions (**ACH Authorization Form and copy of voided check needed for initial set up**)

Enclosed is my check payable to CHIEF

Please charge my (check one): VISA or MasterCard

(check one) All at once Quarterly Monthly

Card # _____ Exp. Date _____

Please send an invoice:

(check one) All at once Quarterly Monthly

NOTE: Contributions to CHIEF are not deductible as a charitable donation

Please complete and return this form to the WCA before **Friday, June 15:**

Mail: 521 E. Washington Ave, Madison, WI 53703 **Fax:** 608-256-7123

SUGGESTED INVESTMENT LEVELS

0-5 YEARS IN PRACTICE	\$5 - \$25 PER MONTH
5-10 YEARS IN PRACTICE	\$26 - \$75 PER MONTH
10-20 YEARS IN PRACTICE	\$76 - \$100 PER MONTH

For Office Use Only
Name:
District #:
Check number:
Amount: