

Contribution Form

Contributor Name (First, Last) _____

Address (Street, City, State, Zip) _____

Phone _____ Email _____

ChiroStrong is a political conduit fund administered by the Wisconsin Chiropractic Association on behalf of WCA members. Through ChiroStrong, you can support elected officials and candidates who are true advocates of chiropractic in Wisconsin. Every dollar you contribute goes to your personal ChiroStrong account, which you control.

Contribution Amount \$ _____

SUGGESTED INVESTMENT LEVELS:	
0-5 years in practice	\$5 - \$25 per month
5-10 years in practice	\$26 - \$75 per month
10-30+ years in practice	\$76 - \$100+ per month

PAYMENT TYPE: **Online** www.donorbox.org/chirostrong (Preferred method. Accepts all major credit/debit cards or personal check) **Credit Card** Visa Mastercard

Credit Card # _____ Exp. Date _____

Signature _____ Sec. Code _____

 Personal Check (By law, we cannot accept business checks)**CONTRIBUTION TYPE:** Annually Monthly Quarterly One-time pledge

Annual, quarterly and monthly pledges will auto-renew each year. To modify or end your renewal, contact the WCA by calling (608) 256-7023. The Wisconsin Chiropractic Association is a 501 (c)(6) organization. The ChiroStrong Political Conduit is NOT a Political Action Committee (PAC) and contributions are not tax deductible for income tax purposes. The contributors' explicit consent is required for any disbursement of funds, therefore accurate contact information is critical. No goods or services are provided in exchange for your contribution.

Thank you for your commitment to advancing the chiropractic profession in Wisconsin!

Please complete and return this form to the Wisconsin Chiropractic Association

Mail: 2401 American Lane, Madison, WI 53704 **Fax:** 608-256-7123