Contribute to WANDPAC
Get Your Voice Heard

WAND Makes a Difference

The future of nutrition care in Wisconsin is greatly impacted by state lawmakers and other elected officials. State nutrition and health related legislation and regulations impact public policies, and your livelihood as a nutrition and dietetics practitioner. The Wisconsin Academy of Nutrition and Dietetics Political Action Committee, or WANDPAC, is our organization’s official political contribution program. WANDPAC allows members to conveniently make political contributions to help elect state candidates who support effective nutrition policies.

WANDPAC Mission
WAND maintains a Political Action Committee (PAC) program to strengthen the organization’s relationships with elected officials here in Wisconsin, and to provide members with the opportunity to engage in the political process.

WANDPAC Funding
Outside of administrative costs, the PAC program relies solely on member contributions. All voluntary contributions from members go into a single account. Under the direction of the governing board, these contributions are distributed to candidates running for elected state office who support our organization and nutrition related legislation.

WANDPAC Benefits
- Provide WAND with a monetary way to support elected state officials and candidates who recognize and support our organization’s policy priorities
- Give WAND members a convenient and effective way to participate in the political process
- Raise the profile of WAND as an organization at the State Capitol and with Wisconsin’s elected officials
- Provide WAND with more opportunities to educate lawmakers about critical nutrition-related legislation

THREE ways to contribute

Contribution $ ________

1. CASH: (event locations accepting cash) Fill out bottom portion of flyer, then hand in with your contribution at the sign-in table.

2. CHECK: Fill out bottom portion of flyer, then mail with your check payable to: WANDPAC, 563 Carter Ct., Suite B, Kimberly, WI 54136

3. CREDIT CARD: Contribute securely online at: www.eattrightwisc.org

Name:________________________________________________________________________
Address:______________________________________________________________________
City: ___________________________ State: _______ Zip: __________
Phone: _______________________ Email: ___________________________
Occupation: ____________________________________________________________________