



DIRECT GIVERS CONTRIBUTION AGREEMENT

I would like to support WSTA's efforts to elect public officials who are supportive to the telecommunications industry through MY contribution to the WSTA DIRECT GIVERS Fund.

Last Name	First Name	Middle Initial
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Company

Job Title

Home Address

City	State	Zip Code
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CONTRIBUTION BY CHECK \$ _____ (PERSONAL checks ONLY) (Please NO corporate checks)	PAYROLL DEDUCTION* Amount Per Pay Period \$ _____ # Of Pay Periods Per Year _____
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<table border="1"><tr><td style="text-align: center;">SIGNATURE</td></tr></table>	SIGNATURE
SIGNATURE	

Please print and complete this form.

*If payroll deduction, please give a copy to your payroll department and fax a copy to:
WSTA DIRECT GIVERS at 608.256.2676.

If sending a PERSONAL check (PAYABLE TO WSTA DIRECT GIVERS), attach the form and send to:
WSTA DIRECT GIVERS
122 West Washington Avenue, Suite 1050
Madison, WI 53703
608.256.8866