



FONEPAC 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 FONEPAC Fund.

Last Name			First Name			Middle Initial		
Company								
Job Title								
Home Address								
City			State			Zip Code		

CONTRIBUTION BY CHECK \$ _____ (PERSONAL checks ONLY) (Please NO corporate checks)	PAYROLL DEDUCTION* Amount Per Pay Period \$ _____ # Of Pay Periods Per Year _____
--	--

<div style="border: 1px solid black; width: 40%; margin: 0 auto; padding: 10px;">SIGNATURE</div>
--

Please print and complete this form.

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

If sending a PERSONAL check (PAYABLE TO WSTA FONEPAC), attach the form and send to:

WSTA FONEPAC
122 West Washington Avenue, Suite 1050
Madison, WI 53703
608.256.8866