



Chiropractic Society OF WISCONSIN

ChiroLIFE Fund – Supporting Legislators that Support Our Profession

I, _____ (please print) agree to voluntarily contribute to the CSW ChiroLIFE Fund:

Monthly Donation: \$100 \$50 \$25 \$10 Other: \$ _____

One-Time Donation: \$ _____

*Donations must be via **PERSONAL CHECK OR PERSONAL CREDIT CARD** only *
(No Business Checks or Credit Cards may be accepted, including LLC's)

I understand that these dollars can only be distributed according to the State Law, which requires written or verbal authorization of the doctor/donor.

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Card #: _____ **Exp. Date:** ____/____ **CVV:** _____

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Signature: _____

Please return this form via email to carla@chiropracticsocietywi.org;
or mail to: **Chiropractic Society of Wisconsin, 25 W Main Street, FL 5, Madison, WI 53703**