

ChiroLIFE Fund – Supporting Legislators that Support Our Profession

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

\$100 \$50 \$25 \$10 Other: \$_____ I prefer to make a one-time donation of: \$ _____

The contribution can be made via a personal check or personal credit card: MasterCard, VISA, AMEX or Discover (**no corporate cards allowed** – which includes LLC's). The doctor further understands that these dollars can only be distributed according to the State Law, which requires written or verbal authorization of the doctor.

Credit Card Type: MC VISA AMEX DISC

Card #: _____ Exp. Date: _____ CVV: _____

CC billing Address: _____

Signature: _____

Please return this form via email to amanda@chiropracticsocietywi.org, tori@chiropracticsocietywi.org, fax (608) 824-2205, or mail to: CSW, PO Box 259506, Madison, WI 53725.



Chiropractic Society
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