

2017 CHIEF Pledge Form

Name: _____

2017 Pledge Amount: _____

Method of Payment

Enclosed is my check payable to CHIEF

Please charge my (check one): VISA or MasterCard

(check one) All at once Quarterly Monthly

Card # _____ Exp. Date _____

Please send an invoice:

(check one) All at once Quarterly Monthly

NOTE: Contributions to CHIEF are not deductible as a charitable donation

Please complete and return this form to the WCA before **Friday, June 16:**

Mail: 521 E. Washington Ave, Madison, WI 53703 **Fax:** 608-256-7123

SUGGESTED INVESTMENT LEVELS

0-5 YEARS IN PRACTICE **\$5 - \$25** PER MONTH

5-10 YEARS IN PRACTICE **\$26 - \$75** PER MONTH

10-20 YEARS IN PRACTICE **\$76 - \$100** PER MONTH

For Office Use Only

Name:

District #:

Check number:

Amount: