

# CONTRIBUTION FORM

Name \_\_\_\_\_

Employer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

CPAC contribution:     \$25     \$50     \$100     Other: \_\_\_\_\_

LIF contribution:     \$100     \$250     \$500     Other: \_\_\_\_\_

State candidate **(LIF Only)**: \_\_\_\_\_

Political Party Preference **(LIF Only)**:     Democrat     Republican

*Contributions to CPAC and LIF are not deductible as charitable contributions for federal income tax purposes.*

**MAIL THIS FORM WITH PAYMENT (CHECKS ONLY) TO:**

**WICPA CPAC or WICPA LIF** W233N2080 Ridgeview Pkwy, Suite 201, Waukesha, WI 53188

