

CPAC & LIF CONTRIBUTION FORM

Name _____ Employer _____

Address _____ City _____ State _____ Zip _____

CPAC contribution: \$25 \$50 \$100 Other: _____ LIF contribution: \$100 \$250 \$500 Other: _____

State candidate (LIF Only): _____ Party Preference (LIF Only): Democrat Republican

Check (payable to WICPA CPAC or WICPA LIF) Total amount enclosed \$ _____

American Express Discover Mastercard Visa Total amount to be charged \$ _____

Card Type: Business Personal

Card # _____ Exp. Date _____ CVV Code _____

Signature _____ Date _____

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



MAIL THIS FORM WITH PAYMENT TO:

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