

WIANA Direct Giver Program Pledge Form

I realize the importance of political contributions to our association's future. I desire to be a part of the process leading to success in meeting WIANA's goals in Wisconsin's legislative arena. Please hold my contribution as a deposit in WIANA's Direct Giver Program (Conduit) account to be used at my discretion. I understand that I will be contacted in the future, by telephone, email or by direct mail, to authorize the use of these contributions. I will be required to respond with my signature on appropriate authorization forms.

Name of CRNA _____

Primary Employer _____

(Required to disburse any contribution greater than \$100, by Wisconsin law)

Home Address _____

City, State, Zip Code _____

Home Phone _____

Email Address _____

Contribution: [] \$100 [] \$250 [] \$500 [] \$ _____

Regular monthly electronic fund transfers can be arranged to the conduit fund banking account by contacting your financial institution. Call Amanda Soelle for bank routing information.

Please return this pledge form and your contribution in the form of a personal (not a corporate) check, payable to WIANA Direct Giver Program, to the following address:

WIANA Direct Giver Program

c/o Amanda Soelle

DeWitt Ross & Stevens S.C.

2 E. Mifflin Street, Suite 600

Madison, WI 53701

Phone: (608)283-5516

All information will be held in strictest confidence by WIANA's Board and by the individual administering the Conduit.

2/26/09