

Making Waves on behalf of People with Disabilities!

- Yes, I want to help WCA make waves.
- I'm already a WCA member, but I'd like to make an additional contribution.

I understand that my contribution entitles me to receive **WCA Legislative Alerts**, the **WCA Annual Report** and announcements of new WCA materials.

\$25-35 \$50-100 \$250-500 Other \$ _____

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Check enclosed. Please make payable to: **Wisconsin Coalition for Advocacy**.

Charge my MASTERCARD VISA Account # _____

Signature _____ exp. Date _____

Your contribution is tax-deductible. Mail to: **Wisconsin Coalition for Advocacy, 16 North Carroll Street, Suite 400, Madison, WI 53703.**