Name:	
Phone:	
Address:	EXPRISONERS ORGANIZING
Email:	
Chippewa Valley EXPO Susta	aining Member or Supporter Enrollment Form
I (we) would like to become a Sustaining Member of the Chippewa Valley Chapter of EXPO by enrolling in the monthly giving program using Electronic Funds transfer administered by WISDOM	
Savings Account for the amount listed belowenclosed voided check. I (we) acknowledge comply with the provisions of U.S. law. Tr Please debit \$ from the selections of the selection of the	EXPO) to initiate debit entries to my (our) Checking Account or ow at the depository financial institution named below or on the e that the origination of ACH transactions to my (our) account must ransfers will be forwarded to the above-named organization. ected account monthly. I (we) would like to begin in t my (our) account on or about the 16th of each month.
Savings Account: ATTACH A SAV	VINGS DEPOSIT SLIP
	ntil EXPO receives written notification from me (or either of us) of its termination I the depository financial institution a reasonable opportunity to act on it.
Signature	Date
Signature	Date
9	er but prefer to make an annual cash donation.
I have enclosed a check for: ☐ \$120	□ \$250 □ \$500 □ \$1000 □ Other
	s form with a VOIDED CHECK or SAVINGS DEPOSIT SLIP to:  JONAH/EXPO  2233 Birch Street Eau Claire, WI 54701

REMEMBER: Your Contribution to EXPO is Tax Deductible!

Questions? Contact Sarah Ferber ~ <a href="mailto:sarahferberexpo@gmail.com">sarahferberexpo@gmail.com</a> ~ 715-450-3893

Double the impact of your contribution by checking with your employer to learn if they match charitable contributions made by employees.

Please also remember us in your will.

THANK YOU