



Contributor Information

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Email: _____

Personal Information is retained for WNPA purposes only and will not be shared.

Yes, I want to help the WNPA introduce a bill to license and define the scope of practice of Naturopathic Physicians in Wisconsin. Here's my contribution of:

- _____ \$25- Supporter level
- _____ \$50- Advocate level
- _____ \$100- Sponsor level
- _____ \$500- Believer level
- _____ \$1000- Champion level
- _____ Other - \$ _____
- In-Kind Donation: _____

Please note that contributions to the WNPA are not tax deductible. Contact us for ideas on how you can support natural medicine through tax deductible donations.

Please indicate if you would like to be a contributor or become a Supporting Member.

Please see the enclosed letter for definitions of membership.

- Contributor
- Supporting Member
- Sponsor (required): _____
- WNPA verification _____ Date _____

As a Supporting Member, you will be informed on the progress of the WNPA.

What is the best way to contact you?

Email Mail: _____

Address if different from above

Are you willing to let us thank you for your support via our marketing materials?

Yes/ No

How did you hear of the WNPA? _____

What is your personal area of interest in, and/or association with Naturopathic Medicine? (mark all that apply)

- patient
- supporting business
- allied product provider
- family member
- allied practitioner provider
- other: _____

Please enclose a check payable to the WNPA with completed form to:

**WNPA
PO Box 2623
Madison, WI 53703**

**Donations are also accepted online
at www.wisconsin-nd.org
Or call 800-980-9672**

The Naturopathic Physicians of Wisconsin thank you for your interest and generous support to continue our successful efforts to improve access to natural medicine in our state.

PO Box 2623 • Madison, WI 53703 • 800-980-WNPA(9672) • www.wisconsin-nd.org