



USPAACC Wisconsin Chapter
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APPLICATION FORM

Minority Business	\$75.00 / Year	Check Here _____
Non-Profit Organization	\$25.00 / Year	Check Here _____
Student	\$15.00 / Year	Check Here _____
Name		
Company		
Title		
Address		
Phone		
E-mail		

ASIAN-AMERICAN SCHOLARSHIP FUND

<input type="checkbox"/> Yes I would like to make a contribution	<input type="checkbox"/> No Not at this time	\$_____ Amount (If You Answered Yes)
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Contributions are tax-deductible under IRS Code 501 (c)

PAYMENT METHOD

Company / Personal Check Check #	Check Payable to: <u>USPAACC</u> Total Amount: \$_____
Credit Card <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	Card # _____ Name of Cardholder: _____ Authorized Signature: _____ Charged Amount: _____

Please Send Completed Application to the Above Address