

  
American Society of Women Accountants  
**Connecticut Chapter #45**  
**Educational Fund**

**Life Member Contribution Form**

Name(s) \_\_\_\_\_  
(For publication in the *Connecticut Ledger*)

Preferred Address \_\_\_\_\_  
\_\_\_\_\_

Preferred Phone \_\_\_\_\_

Preferred E-mail Address \_\_\_\_\_  
(Please note: Your address, phone and e-mail address will not be published.)

(Optional) Life membership is given in honor of or in memory of:

\_\_\_\_\_  
(Name(s) will be published in the *Ledger*.)

Please select payment option:

\_\_\_\_\_ One-time payment of \$400.00; or

\_\_\_\_\_ 5 annual payments of \$100.00 payable on the pledge anniversary date

\_\_\_\_\_  
Signature Date

Please make your check payable to the **ASWA CT Chapter Educational Fund**, and mail it with this completed form to:

ASWA CT Chapter Educational Fund  
c/o Arlene Clement, Trustee  
900 Spindle Hill Road  
Wolcott, CT 06716

***Thank you for your support of the Educational Fund!***