2020 INVESTOR & MEMBER RENEWAL 

**2020 Investor/Member Fee**

***(Membership from January through December)* Invoice #: $**

 **SPONSORSHIP OPPORTUNITIES**

**PAYMENT INFORMATION**

☐ Payment enclosed. *Make check payable to* ***The 7 Rivers Alliance.***

☐ Check

☐ VISA ☐ MASTERCARD

Credit card # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp.Date \_\_\_\_\_/\_\_\_\_ CCV:\_\_\_\_\_\_\_

Cardholder’s name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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7 Rivers Alliance

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