

SUMMUP PER CAPITA PAYMENT FORM

Check one:

_____ **SUMMUP General Fund: \$.18 per member per month**

Make check to: SUMMUP General Fund

Mail to: Carole Deneault
8 B Sever Street #12
Worcester, MA 01609

_____ **SUMMUP Legal Defense Fund \$.10 per member per month**

Make Check to: SUMMUP Legal Defense Fund

Mail to: Cathie Conlon
131 West Sreet #2
Walpole, MA. 02081

Today's date: _____

Local Number: _____

Check Number: _____

Check Date: _____

Check Amount: _____

For Month of: _____ **Number of members** _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**** Use one form for General Fund and another form for Legal Defense Fund**

revised 2/23/07