



LEGISLATIVE VOLUNTARY ASSESSMENT

YES, I support this voluntary assessment to fight the implementation of a service tax on self storage.

\$100.00 \$250.00
 \$500.00 Other: \$ _____

Payment may be made IN FULL
or
2 Credit Card Installments
Mark Payment preference below.*

Name: _____
Company: _____
Address: _____
City/State/Zip: _____
Telephone: (____) _____ Fax: (____) _____
Email: _____

3 Payment Options for your convenience:
1. Fax your form with credit card information to the ISSA Office 217-241-4683
2. Call with your credit card information, 217-528-5230 Ext. 101
3. Mail form with check or credit card information:
Illinois Self Storage Association
225 East Cook Street
Springfield, IL 62704

* **Payment IN FULL** **2 Credit Card Installments**
Full Payment and 1st Installment due November 18, 2009
2nd Installment will be charged automatically on January 15, 2010.

Visa MasterCard American Express Discover

Card # _____
Expiration Date: _____ Security Code: _____ Zip Code: _____
Cardholder Name (Please Print): _____
Signature: _____ \$ _____

OR

Check #: _____ \$ _____