



# AMBASSADOR CLUB



## CASH CREDIT REFERRAL PROGRAM REFERRAL CONTACT FORM

Season Subscriber Name \_\_\_\_\_ Account # \_\_\_\_\_  
Company Name \_\_\_\_\_

### MY REFERRAL CANDIDATES:

• Name \_\_\_\_\_  
Company Name (if any) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

• Name \_\_\_\_\_  
Company Name (if any) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

• Name \_\_\_\_\_  
Company Name (if any) \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Day Phone # \_\_\_\_\_ Evening Phone # \_\_\_\_\_ Cell # \_\_\_\_\_  
Email Address \_\_\_\_\_

Please return your list of referrals by:

- Fax: 414-227-0545
- E-mail: [pbowdish@bucks.com](mailto:pbowdish@bucks.com)
- Mail: Bucks Ambassador Referral Program, 1001 N. Fourth St., Milwaukee, WI 53203
- Contact Your Personal Bucks Account Representative, or call 414-227-0574

Thanks for your assistance!