



Contribution Card

★ **ONLINE CONTRIBUTIONS** ★

To make a contribution, go to www.mhahealthpac.org

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PLEASE TYPE OR PRINT CLEARLY (Information required by state and federal campaign finance laws.)

Dr./Mr./Mrs./Ms. _____
Contributor Name (required)

Occupation/Title (required)

Home Address (required)

City, State, ZIP Code (required)

Email Address

Phone Number

Business Name

Address

City, State, ZIP Code

Hospital/Healthcare Facility (required)

Please Check All Appropriate Categories

- Hospital Trustee
- Health Executive/Administration/Management
- Professional Employee of Hospital (MD, DO, RN, etc.)
- Hospital Volunteer

See Reverse Side for Payment Information

Level of Support

- \$5,000 Ambassador Club
- \$2,500 Chairman's Circle
- \$1,500 Trustees' Club
- \$1,000 President's Club
- \$750 Dignitary Club
- \$500 Capitol Club
- \$350 Century Club
- Other \$ _____

Please make checks payable to **Health PAC**.

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Cash contributions cannot exceed \$20.
Corporate/business contributions cannot be accepted.

- Personal Check # _____
- Secure online contribution at www.mhahealthpac.org
- Please charge to my personal:
 - VISA MasterCard American Express
 - Discover

Card #

CVW (3- or 4-digit code) Expiration Date

Name on Card

Signature

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A copy of Health PAC's campaign statements, itemizing contributions and expenditures, shall be filed in accordance with applicable laws and will be available for public inspection.

Federal and state tax laws **prohibit** deductions of political action committee contributions as charitable contributions.

All contributions are voluntary and will be used for political purposes. To support Michigan's congressional delegation, 35 percent of individual contributions totaling \$350 or more will be forwarded to the American Hospital Association Political Action Committee.



Return To:
HEALTH POLITICAL ACTION COMMITTEE

Attn: Stacy Dowdy
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