



**National Association of Health Underwriters
Political Action Committee**

HUPAC • P.O. Box 20865 • Indianapolis, IN 46220-0865
Phone: (703) 276-0220 • Fax: (703) 841-7797

HUPAC CONTRIBUTION FORM

FIRST NAME MIDDLE INITIAL LAST NAME

OCCUPATION * EMPLOYER * WORK EMAIL

WORK ADDRESS

() - () -

WORK CITY, STATE, ZIP WORK PHONE WORK FAX

HOME ADDRESS

() - () -

HOME CITY, STATE, ZIP HOME PHONE HOME FAX

PERSONAL/HOME EMAIL REGION STATE CHAPTER

*A contribution to a Political Action Committee is not deductible as a charitable contribution for federal income tax purposes. Only NAHU members, their immediate families, and NAHU Staff may contribute. All contributors must be citizens or persons lawfully admitted for permanent U. S. residence under applicable federal law. Federal law requires PACs to report the name, mailing address, occupation, and name of employer for individuals whose donations exceed \$200 in a calendar year.

Suggested Contribution Levels **

Levels	One-time	Monthly Draft	Capitol Club	One-time	Monthly Draft
Supporter	\$150	\$10.00	Gold	\$1,000	\$ 85.00
"365 Club"	\$365	\$30.00	Diamond	\$2,000	\$170.00
"730 Club"	\$730	\$60.00	2 Diamond	\$3,000	\$250.00
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**These guidelines for contributions are merely suggestions. You may contribute more or less than the guidelines suggest, and the National Association of Health Underwriters (NAHU) will not favor nor disadvantage you by reason of the amount of your contribution or your decision not to contribute.

Candidate Fund ONLY Administrative Fund

PAYMENT METHODS

- One-Time Payment New Monthly Draft Increase to Monthly Draft Change of Information
- Personal Check Attached** Amount: \$_____ MONTHLY *or* ONE-TIME
(Please make checks payable to HUPAC) (Please circle one: Monthly or One-Time)
- MasterCard Visa Discover American Express
- Credit Card Draft Bank Account Draft *(attach voided check)*

Card Number Expiration Date
I authorize HUPAC to initiate charges to my personal bank account or credit card as shown above.

Signed Date

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