



Pennsylvania Osteopathic Medical Political Action Committee

Enclosed is my contribution to POMPAC

Cash or Check ONE-TIME Contribution

___ \$1,000 ___ \$500 ___ \$200 ___ \$100 ___ Other

Name _____

Address _____

_____ Zip _____

Credit Card ONE-TIME Contribution

___ \$25 ___ \$50 ___ \$75 ___ Other

Name _____

Cardholder Name _____

Cardholder Address _____

City _____ State _____ Zip _____

Visa/MC# _____ Exp. Date _____

CSC# _____

Cardholder Signature _____ Date _____

Credit Card MONTHLY Contribution Pre-authorized VISA/MasterCard Charge Form

I authorize the Pennsylvania Osteopathic Medical Political Action Committee to keep my signature on file and to charge my VISA/MasterCard account on a monthly basis for a contribution of: \$ _____

I understand that this form is valid until I cancel the Authorization through written 30-day notice to POMPAC.

Name _____

Cardholder Name _____

Cardholder Address _____

City _____ State _____ Zip _____

Visa/MC# _____ Exp. Date _____

CSC# _____

Cardholder Signature _____ Date _____

All contributions to POMPAC will be acknowledged with receipt.

Make personal checks payable to POMPAC.
Contributions to the PAC are not tax-deductible.