

Contribution/Pledge Form



REHABILITATION & COMMUNITY
PROVIDERS ASSOCIATION
Political Action Committee

Yes! I want to give my support to the Rehabilitation and Community Providers Association's Political Action Committee (RCPA-PAC) by pledging that my organization, _____, will raise \$1,000 for the RCPA-PAC.

Yes! I want to give my support to the Rehabilitation and Community Providers Association's Political Action Committee (RCPA-PAC) with my gift or pledge in the amount of \$ _____ .

Personal Checks (**RCPA-PAC cannot accept corporate checks**) made payable to RCPA-PAC.

Charge my personal credit card (**RCPA-PAC cannot accept corporate credit cards**):

VISA MC

Name on card _____ Card Number _____

Security Code: _____ Expiration Date _____ Signature _____

Please bill me: Monthly Quarterly

If pledging a donation to RCPA-PAC, please provide:

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

Work phone _____ Cell phone (optional) _____

Your participation in the RCPA-PAC is completely voluntary, and you may contribute as much or as little as you choose. Donations are not tax-deductible and will be used for political purposes. You may choose not to participate without fear of reprisal. You will not be favored or disadvantaged by reason of the amount of your contribution or decision not to contribute.