



# Contribute to NAIFA's Family of PAC's 3 EASY WAYS

Name \_\_\_\_\_  
 NAIFA Member # \_\_\_\_\_  
 Company \_\_\_\_\_  
 Title \_\_\_\_\_  
 Billing Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_ Zip \_\_\_\_\_

CLUB LEVEL Annual Contribution	MONTHLY Contribution
Capitol (\$5,000)	\$410
Platinum (\$2,500 to \$4,999)	\$210
Gold (\$1,000 to \$2,499)	\$100
Silver (\$600 to \$999)	\$50
Bronze (\$300 to \$599)	\$25

*\*Monthly (Minimum of \$210 qualifies for Congressional Council membership)*

I'd like my contribution to go to one of the following PAC funds:  Administrative  Political

### Bank Draft Account

Monthly Bank Draft Amount \$ \_\_\_\_\_  
 (\$10.00 minimum)

### Credit Card

Monthly Credit Card Amount \$ \_\_\_\_\_  
 (\$25.00 minimum)

One-time Amount \$ \_\_\_\_\_

**CHANGE OF ACCOUNT ONLY**

Account # \_\_\_\_\_  
 Routing # \_\_\_\_\_  
 Signature \_\_\_\_\_  
 Date \_\_\_\_\_

**PLEASE PROVIDE A VOIDED CHECK**

**THIS IS A PERSONAL CARD**

Visa  Master Card  American Express  Discover

Account # \_\_\_\_\_  
 Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Name of Card \_\_\_\_\_  
 Signature \_\_\_\_\_

### PAC MONTHLY GIVING PROGRAM AUTHORIZATION

I agree to enroll in NAIFA's PACs monthly giving program and do hereby authorize NAIFA's PACs to withdraw from my account the amount specified on or about the 10th of each month. This authorization will remain in effect until revoked by me in writing and, until NAIFA's PAC receives such notice, I agree that NAIFA's PAC shall be fully protected in honoring such withdrawals. If any installment be dishonored, NAIFA's PACs shall be under no liability whatsoever. However, your deductions could stop sooner if you meet your annual contribution limit. You may always opt out of a monthly contribution plan at any time.

### UPGRADE YOUR MONTHLY CONTRIBUTION

I am currently enrolled in one of NAIFA's PAC's Monthly Giving Programs and would like to **change my monthly withdrawal amount** from \$ \_\_\_\_\_ to: (circle one)

**\$417 \$210 \$120 \$85 \$45 \$25 \$20 \$17 \$15 Other \_\_\_\_\_**

### Instructions

**Return form, contributions and/or voided check by:**

**Fax: 703-770-8151**

**Email: PAC@naifa.org**

**Mail: NAIFA's PAC Program  
 P.O. BOX 200722  
 Pittsburgh, PA15251-0722**

Contributions to NAIFAPAC will be used to support candidates in federal election campaigns, and those contributions to your state chapter's IFAPAC will be used for elections within that state. You have the choice to contribute to NAIFAPAC and your State Chapter's IFAPAC per your PAC Directive response. For NAIFA-Massachusetts members, the division of funds will be 60%/40% up to the state limit of \$500 per calendar year. For NAIFA-New York members, a contribution to an LLC account will be retained 100% by the Federal Administrative Fund due to state campaign finance rules. These contributions are strictly voluntary, and you have the right to refuse to contribute without reprisal. PAC contributions must be from personal funds and may not be reimbursed or paid by any other person or entity. These contributions are strictly voluntary, and you have the right to refuse to contribute without reprisal. Any guidelines for giving are only suggestions. All are free to contribute more or less than the guidelines suggest or decide not to contribute. Contributions or gifts to NAIFAPAC or any state chapter's IFAPAC are not tax-deductible.