National Association of Health Underwriters
Political Action Committee
Mailing Address
HUPAC c/o PAC Services, LLC
7700 Old Branch Avenue, D-103
Clinton, MD 20735

HUPAC CONTRIBUTION FORM

FIRST NAME **MIDDLE INITIAL** **LAST NAME**

OCCUPATION * **EMPLOYER ***

ADDRESS

CITY, STATE, ZIP **PHONE** ( ) - **FAX** ( ) -

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.

PAYMENT METHODS

☐ **One-Time Payment** ☐ **New Monthly Withdrawal** ☐ **Increase in Monthly Withdrawal**

☐ **Personal Check attached** **Amount $**_____
*(Please make checks payable to **HUPAC**)*

☐ **MasterCard** ☐ **Visa** ☐ **Discover** ☐ **American Express**

☐ **Credit Card Auto Debit** ☐ **Bank withdrawal** *(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**

Mail to: ***HUPAC c/o PAC Services, LLC 7700 Old Branch Avenue, D-103 Clinton, MD 20735***