



FamDocPAC

Contribution Form

Yes, I want to help Family Medicine speak with a stronger voice in Mississippi!

Name (please print)*:	
Address*:	
City/State/ZIP*:	
Occupation*:	
Employer*:	
Today's Date:	
Phone:	E-mail:

***Election law requires FamDocPAC to report the name, address, occupation, and name of employer for anyone who contributes \$200.00 or more in a calendar year.**

Amount I wish to contribute (see contribution levels): \$ _____

Payment Options:

- Personal check payable to **FamDocPAC**
- Cash (If cash, may not exceed \$100)
- Personal Credit Card, One Payment
- Personal Credit Card, Monthly Installments (automatically deducted upon receipt of your pledge).

Amount of my monthly installment is \$ _____.

First Date to Charge My Card (month/day/year): _____ Last Date to Charge My Card: _____

- American Express
- Master Card
- Visa
- Discover

Card Number: _____ Expiration Date: _____ 3 digit code (4 for AMEX) _____

Name on Card (print): _____

Cardholder's Billing Address: _____

Signature: _____

PAC Contribution Levels:

Gilded Eagle \$2,500 - \$5,000

Rotunda \$1,000 - \$2,499

Chamber \$500 - \$999

Gallery \$365 - \$499

Capitol Steps... Up to \$364

I am aware of the political purposes of FamDocPAC; understand that contributions to FamDocPAC are purely voluntary and that these suggested contribution amounts are only guidelines. I further understand that I will not be favored or disadvantaged by reason of the amount of my contribution or a decision not to contribute. CONTRIBUTIONS TO FamDocPAC ARE NOT TAX DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES.

Please return this form along with your contribution to:
FamDocPAC, 755 Avignon Drive, Ridgeland, MS 39157 or FAX (601) 853-3002.

Contact the PAC Secretary/Treasurer Beth Embry at (601) 853-3302 or beth@msafp.org with any questions.