



Family Medicine's Champion in Olympia

# CONTRIBUTION FORM

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

Name\* Member ID#

Address\* Today's Date

City\* State\* Zip\*

Occupation\* Employer\* Work city\*

\*State Public Disclosure Commission regulations require Washington FamilyMedPAC to report the name, address, occupation, and name of employer for anyone who contributes \$100.00 or more in a calendar year.

### ENCLOSED IS MY DONATION OF:

\$1,000     \$500     \$250     \$120     Other \_\_\_\_\_

### PAYMENT OPTIONS:

- Enclosed is my check payable to Washington FamilyMedPAC
- Please charge my credit card:     Visa     Master Card     Discover

Credit Card Number Exp. Date

- One monthly payment or
  - In 12 monthly installments – Credit card contributors only
- Amount of Monthly Payment \_\_\_\_\_ Until (month/year) \_\_\_\_\_

Payments will be automatically deducted in monthly installments upon receipt of your pledge.

I am aware of the political purposes of Washington FamilyMedPAC, and understand that contributions to Washington FamilyMedPAC 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 Washington FamilyMedPAC ARE NOT TAX DEDUCTIBLE.



Please return this form, along with your contribution to:  
Washington FamilyMedPAC, 1239 – 120th Avenue NE, Suite G, Bellevue, WA 98005  
or fax to 425-747-3109

**Contribute online at <http://www.wafp.net/FamilyMedPAC.aspx>**

If you have any questions or comments, please call the office at 1-800-621-8424.