

## QUALITY HEALTH CARE FOR CALIFORNIANS

Federal PAC Guidelines for Contributing to CHPAC-FED

The purpose of CHPAC-FED is to support

## **2018 Federal Contribution Form**

Yes, I wish to support the federal activities and causes of the California Hospital Association Political Action Committee Federal (CHPAC-FED) by making a contribution of:

| by making a contribution of:  Amount  Presidents' Club Platinum Level (\$5,000)  Presidents' Club Diamond Level (\$1,750)  Presidents' Club (\$1,500)  Leadership Board Challenge (\$850)  Golden State Club (\$500)  Other (\$)  | Representatives and U.S. Senate who recognize the vital role of hospitals.  Contributions or gifts to CHPAC are completely voluntary and not deductible as charitable contributions for federal or state income tax purposes.  Contribution levels are suggestions — you may  |
|---|---|
| Recurrence  Pledges must be paid in full by December 31  □ One-time □ Monthly □ Quarterly □ Payroll (association staff)   | contribute more or less. You have the right to refuse to contribute to CHPAC-FED without reprisal. The decision to participate will in no way affect your employment or job status.   |
| Personal Information Federal law requires this information accompany all contributions:  Name:  | CHPAC-FED may accept contributions from individuals up to \$5,000 per calendar year.  |
| Occupation/Title:  Full Name of Employer:  Physical Address:  City: State: Zip:  Telephone: Email   | CHPAC-FED is prohibited by federal law from accepting contributions from corporations, labor unions, federally chartered corporations, federal government contractors, foreign nationals and persons who are not members of the solicitable class.  |
| Payment Information  Check enclosed. Make payable to CHPAC-FED  Billing address same as Personal Address  I verify that this is a personal donation for which I will not be reimbursed by my employer or any other entity  Name on Card:  Card Number: Expiration Date:  CW Number: | CHPAC-FED may solicit only individuals who are officers, directors, shareholders or management employees of member corporations and their families. As an officer, director, shareholder or management employee of a member corporation or a family member of such persons, please complete the required contributor information.  CHPAC-FED will not accept any contribution until |
| Billing Address:  City: State: Zip:  CHPAC Goal Credit  Name of Hospital(s) or Regional Association to receive credit:  | it has confirmed that the contributor is a member of the CHPAC-FED solicitable class. Any contributions received from persons who are not members of the CHPAC-FED solicitable class will be transferred to the CHPAC state account.  |
| ➤ Name of CHA Center, Committee or Workgroup to receive credit:   | <ul> <li>▶ Please give recognition to my Professional Organization:</li> <li>□ ACNL</li> <li>□ CSHE</li> <li>□ Volunteers</li> </ul>  |