

Missouri's Academy of Physician Assistants Political Action Committee Contribution Form (MO-PA PAC)

YES, I support MO-PA PAC in its efforts to develop influential relationships with legislators in order to promote and protect Physician Assistants' legislative goals. I want to support MO-PA PAC by signing up for the "Dollar a Day Program." I authorize MO-PA PAC to debit my credit card each month or automatically withdraw the funds from my checking or savings account. The amount I wish to have debited each month for one full year is:

\$30 \$20 \$15 \$10 Other \$ _____

YES, I support MO-PA PAC in its efforts to develop influential relationships with legislators in order to promote and protect Physician Assistants' legislative goals. I wish to make a one-time donation to MO-PA PAC in the amount of:

\$360 \$130 \$65 \$30 Other \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Name on Credit Card Account: _____ MasterCard Visa

Account #: _____ Expiration Date: _____

For automatic withdraw from checking or savings please fill out the below section:

Bank Name: _____ Routing Number: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Checking Account Account No. _____

Savings Account Account No. _____

Note: Please attach a Void Blank Check

Signature of Applicant/Member

Date

**Please send form to:
Rita Fague, CPA
MO-PA PAC
P.O. Box 1865
Jefferson City, MO 65102**