



CONTRIBUTION FORM: AAPS Political Action Committee

Your contributions to the PAC will help elect candidates who will work to STOP the destruction of the practice of medicine.

Amount: (check one)

\$1000 \$500 \$250 \$100 \$50
 \$250 \$5000 other amount (\$ _____)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Payment method: Check (Please enclose check made out to AAPSPAC with this form.)
OR Credit Card (MC, Visa, Amex, Discover) Enter CC info below.

_____ exp. _____ Signature: _____

Employment Information

Federal Election Law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 per election cycle.

Employer _____ Occupation: _____

Confirm Your Eligibility

- I am an AAPS member or spouse of an AAPS member.
- I am a citizen or permanent resident in the United States.
- The funds I am contributing are my own personal funds and not those of another person.
- My contribution is not from the general treasury funds of a corporation, not for profit, labor organization or national bank.
- I affirm that I am making this contribution via my personal credit, debit card, or checking account for which I have a legal obligation to pay, and not through a corporate or business entity card or the card of another person.
- I am at least 18 years of age.

By checking this box, I confirm that the above statements are true and accurate

[Note: Political contributions are NOT tax deductible. **Contributions of any size are needed and appreciated**; however, contributions are limited to \$5,000 per calendar year. Your spouse can also contribute up to \$5,000 per calendar year.]

PLEASE RETURN THIS FORM TO: AAPSPAC, 1601 N. Tucson Blvd. #9, Tucson, AZ 85716