



AgentPAC of Delaware Donation Form 2012

AgentPAC of Delaware 2012

I WOULD LIKE TO OFFER MY SUPPORT OF:

- \$1,000 President's Club
- \$500 Governor's Club
- \$250 Senate Level
- \$100 House Level
- Other \$ _____

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Contributor Name _____

Organization _____

Address _____

City _____

State _____

Zip _____

Phone _____

Fax _____

E-mail _____

IMPORTANT INFORMATION:

- Delaware law permits personal **and** corporate contributions to AgentPAC.
- Contributions are not tax deductible as charitable contributions for federal income tax purposes.

SELECT ANY CONVENIENT PLEDGING AND PAYMENT OPTION:

- Enclosed is my check payable to **AgentPAC of Delaware**.
- Charge my credit card.
- Charge my credit card quarterly (1/4 of total amount indicated above).

CREDIT CARD INFORMATION:

Visa

MasterCard

American Express

Credit Card Number: _____

Expiration Date: _____ / _____

Cardholder Signature: _____

Cardholder Name: _____

PLEASE PRINT

MAIL PLEDGE FORM AND CONTRIBUTION TO:

AgentPAC of Delaware

Mailing Address:

c/o DAIA&B

5050 Ritter Road

Mechanicsburg, PA 17055-4879

● Phone: (800) 998-9644

(717) 795-9100

● Fax: (717) 795-8347

● Email: iab@iabgroup.com

● Web: iabgroup.com

Please indicate if you do NOT wish to be publicly recognized as an AgentPAC supporter.

| | |
|---------------|--------------|
| IA&B USE ONLY | |
| Date Received | _____ |
| Amount \$ | _____ |
| Check Number | _____ P or A |
| Date Entered | _____ |