



AgentPAC of Pennsylvania Donation Form 2012

AgentPAC of Pennsylvania 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:

- Pennsylvania law prohibits corporate contributions (**only personal contributions are accepted**).
- Contributions are not tax deductible as charitable contributions for federal income tax purposes.

SELECT ANY CONVENIENT PLEDGING AND PAYMENT OPTION:

- Enclosed is my **personal** check payable to **AgentPAC of Pennsylvania**.
- Charge my **personal** credit card.
- Charge my **personal** 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 Pennsylvania
 Mailing Address:
 c/o Insurance Agents & Brokers
 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	_____