



AgentPAC of Maryland 2010

I WOULD LIKE TO OFFER MY SUPPORT OF:

- \$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:

- Maryland 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 Maryland**.
- Charge my credit card.
- Charge my credit card quarterly (total amount indicated above) until further notice.

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 Maryland
 Mailing Address:
 c/o Insurance Agents & Brokers
 PO Box 2023
 Mechanicsburg, PA 17055-0763

- Phone: (800) 998-9644
- (717) 795-9100
- Fax: (717) 795-8347
- E-mail: iab@iabgroup.com
- Web: iabgroup.com

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

<small>IA&B USE ONLY</small>	
Date Received	_____
Amount \$	_____
Check Number	_____ P or A
Date Entered	_____

AgentPAC of Maryland Donation Form 2010

