



HUPAC • P.O. Box 20865 • Indianapolis, IN 46220-0865
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HUPAC CONTRIBUTION FORM

FIRST NAME	MIDDLE INITIAL	LAST NAME
OCCUPATION*	EMPLOYER*	WORK EMAIL
WORK ADDRESS		
WORK CITY, STATE, ZIP	WORK PHONE	WORK FAX
HOME ADDRESS		
HOME CITY, STATE, ZIP	HOME PHONE	HOME FAX
PERSONAL/HOME EMAIL	REGION	STATE
		CHAPTER

**** A contribution to a Political Action Committee is not deductible as a charitable contribution for federal income tax purposes. Only NAHU members, their immediate families, and NAHU Staff may contribute. All contributors must be citizens or persons lawfully admitted for permanent U.S. residence under applicable federal law. Federal law requires PACs to report the name, mailing address, occupation, and name of employer for individuals whose donations exceed \$200 in a calendar year.**

Suggested Contribution Levels**

Levels	One-time	Monthly Draft	Capitol Club	On-time	Monthly Draft
Supporter	\$150	\$10.00	Gold	\$1,000	\$ 85.00
“365 Club”	\$365	\$30.00	Diamond	\$2,000	\$170.00
			2 Diamond	\$3,000	\$250.00
			3 Diamond	\$5,000	\$410.00

**** These guidelines for contributions are merely suggestions. You may contribute more or less than the guidelines suggest, and the National Association of Health Underwriters (NAHU) will not favor nor disadvantage you by reason of the amount of your contribution or your decision not to contribute.**

PAYMENT METHODS

- One-time payment
 New Monthly Draft
 Increase to Monthly Draft
 Change of Information
 Personal Check Attached

Amount: \$ _____
 (Please make checks payable to HUPAC)

MONTHLY or ONE-TIME
 (Please circle one: Monthly or ONE-TIME)

- MasterCard
 Visa
 Discover
 American Express
 Credit Card Draft
 Bank Account Draft (attach voided check)

Card Number	Expiration Date
I authorize HUPAC to initiate charges to my personal bank account or credit card as show above.	

Signed	Date
<input type="checkbox"/> Candidate Fund Personal Credit Card or Bank	<input type="checkbox"/> Administrative Fund Business Credit Card or Bank Draft