

ASIPP-PAC and ASIPP Lobbying Contribution Form

American Society of Interventional Pain Physicians

The Voice of Interventional Pain Physicians Since 1998



Please type or print your information clearly

When completed, mail to: ASIPP-PAC, 2831 Lone Oak Road, Paducah, KY 42003 or Fax: (270) 554-5394

- YES, I AM MAKING A DONATION TO ASIPP-PAC. (Not tax deductible, personal checks or credit cards only)
 I am committed to increasing awareness of the importance of Interventional Pain Management issues in the political process.
 Federal law requires that our PAC make best efforts to obtain certain identifying information from contributors of more than \$200 and we need accurate contact information to keep you apprised of our advocacy effort. Except as required by law, we will not share any information obtained.

ASIPP MEMBER	
<input type="radio"/> \$5,000	<input type="radio"/> \$2,000
<input type="radio"/> Monthly: \$ ____ /month (\$ ____ year total)	<input type="radio"/> \$1,000
<input type="radio"/> Other \$ _____	
NAME _____	
OCCUPATION _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
PHONE _____	FAX _____
EMPLOYER _____	
<input type="radio"/> CHECK (Enclosed, Payable to ASIPP-PAC) CHECK NUMBER _____	
<input type="radio"/> MASTERCARD <input type="radio"/> VISA <input type="radio"/> AMERICAN EXPRESS <input type="radio"/> DISCOVER	
CREDIT CARD NUMBER _____	EXPIRATION DATE _____
NAME ON CARD _____	SECURITY CODE _____
SIGNATURE _____	
This signature acknowledges that I have been made aware that my contribution represents my personal funds and is not a corporate check or credit card number.	

SPOUSE	
<input type="radio"/> \$5,000	<input type="radio"/> \$2,000
<input type="radio"/> Monthly: \$ ____ /month (\$ ____ year total)	<input type="radio"/> \$1,000
<input type="radio"/> Other \$ _____	
NAME _____	
OCCUPATION _____	
ADDRESS _____	
CITY _____	STATE _____ ZIP _____
PHONE _____	FAX _____
EMPLOYER _____	
<input type="radio"/> CHECK (Enclosed, Payable to ASIPP-PAC) CHECK NUMBER _____	
<input type="radio"/> MASTERCARD <input type="radio"/> VISA <input type="radio"/> AMERICAN EXPRESS <input type="radio"/> DISCOVER	
CREDIT CARD NUMBER _____	EXPIRATION DATE _____
NAME ON CARD _____	SECURITY CODE _____
SIGNATURE _____	
This signature acknowledges that I have been made aware that my contribution represents my personal funds and is not a corporate check or credit card number.	

These are suggested amounts only, you are free to contribute any amount up to the \$5,000 maximum per individual (maximum applies to all combined PAC contributions, and \$10,000 per household [issued by separate check or credit card payment]). ASIPP-PAC will not favor or disadvantage anyone by reason of the contribution amount or decision not to contribute. All contributions to ASIPP-PAC are voluntary and will be used to support candidates for elective office selected by the ASIPP-PAC's Governing Committee. This solicitation is directed solely to non-corporate members of ASIPP. No corporate contributions, contributions from Federal government contractors, or contributions from foreign nationals (individuals who are non-US citizens and who have not been lawfully admitted to the US for permanent residence) may be accepted under Federal law. Contributions to the PAC are not deductible for income tax purposes. Contributions from individuals to the PAC may not be reimbursed.

- YES, I AM MAKING A DONATION TO ASIPP FOR LOBBYING. (Not tax deductible, corporate checks are acceptable, no limit on contributions)

\$10,000 \$5,000 \$1,000 Other _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____ EMAIL _____

CHECK (Enclosed, Payable to ASIPP) CHECK NUMBER _____

MASTERCARD VISA AMERICAN EXPRESS DISCOVER

CREDIT CARD NUMBER _____ EXPIRATION DATE _____ SECURITY CODE _____

NAME ON CARD _____ SIGNATURE _____