



NCAHU Political Action Committee

P.O. Box 7661
Wilmington, NC 28406
ncpac.ncahu@gmail.com

NCPAC Personal Contribution Form

First Name _____ Middle Initial _____ Last Name, Suffix _____

Occupation _____ Employer _____

Street Address _____

City, State, ZIP _____ Phone _____

Email _____ Local Chapter _____

Cash or Check Option

Amount \$ _____ Cash Check Check # _____

Payment must be by "Personal" check. Corporate checks are not allowed.

Credit Card Option I request and authorize the North Carolina Association of Health Underwriters Political Action Committee to charge my credit card.

- Check here for a One Time Charge in the amount of \$ _____
 Check here to set up a "Monthly Recurring Charge" (Minimum amount of \$10) or \$ _____

Master Card Visa Amex

Name as it appears on the credit card (Cannot be a Business Card)

First Name _____ Middle Initial _____ Last Name, Suffix _____

Address to which credit card is billed:

Street Address _____

City, State, ZIP _____

Credit Card Number (16-digits)

Security Code: _____ Expiration Date: _____

I understand that my contribution(s) to a Political Action Committee is not deductible as a charitable contribution for the federal or state income tax purposes. Only NCAHU members, their immediate families, and NCAHU Staff may be solicited for contributions. I am a citizen of the United States or lawfully admitted for permanent U.S. residence under applicable federal law. I understand that PACs are required to report the name, mailing address, occupation, and name of employer for individuals whose donations exceed \$200 in a calendar year.

Signature: _____ Date: _____

Under applicable state and federal law, you may type in your name in the signature block as an e-signature, which is considered the same as a written signature.