

Name:	Title/Occupation:				
Business Name:					
Address:					
City:	State:		Zip:		
Email:	Pho			::	
Suggested Contribution: \$	☐ I am a Young Agent				
One-Time Payment (Check or	Credit Card)				
□ \$5,000 Millennium Club	000 Millennium Club		\$250 Pioneer Club		
☐ \$2,500 Platinum Club	□ \$500 Gold Club	□ \$150 Founders Club	<b>□</b> \$	(Other)	
OR					
Monthly Payments (credit car	d withdrawal on the 15th of each	month)			
Start Month: / 2019	\$250 Month  \$50 Month	□ \$10 Month			
End Month:/	□ \$100 Month □ \$25 Month	□ \$Month			
□ No end date					
Personal Check (payable to "I	nsurPac")				
Credit Card:  American Exp	ress UVISA UMastercard				
Card Number:		CVV Code:	Exp. Date:	_/	
****All forms of payment must	be by personal check, credit card o	r non-incorporated LLC or	Partnership check	<mark>:.</mark>	
Authorized Signature:		D	ate:/_		

Contributions or gifts to InsurPac are not deductible as charitable contributions for purposes of federal income tax. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Contributions to InsurPAC are used for political purposes. Contributions are voluntary and you may choose whether or how much to give without concern of favor, disadvantage, or reprisal by IIABA, InsurPAC, or your employer. You may not be reimbursed for your contribution. Contributions from corporations and foreign nationals (non-US citizens or those without a green card) are prohibited. The suggested contribution levels shown above are merely suggestions, and you may contribute more or less (up to \$5,000 per year) than the suggestions, and InsurPAC will not favor or disadvantage anyone based on how much or whether they give.