

**TAHUPAC**  
**TAHU's Political Action Committee**

With TAHUPAC's ability to contribute to state legislators' political campaigns, TAHU's voice will be heard. Legislators who support the preservation of the free market economy in the health care industry and maintenance of the role of the client advocate (the agent) in that system, will know that TAHU is there to assist them.

**GOLD**  \$150 (\$12.50/mo.)    **PLATINUM**  \$300(\$25/mo.)    **RUBY**  \$600 (\$50/mo.)  
**DIAMOND**  \$1,200 (\$100/mo.)     **Other** \_\_\_\_\_

**Note: Federal regulations prohibit corporate contributions to TAHUPAC. Individual contributions only!**

Name \_\_\_\_\_ Local Chapter \_\_\_\_\_  
Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_  
Fax (\_\_\_\_) \_\_\_\_\_

**Check the appropriate box(s) that apply**

( ) I have enclosed a **check** payable to TAHUPAC for the selected level.

**~Credit Card Option~**

**We request that you reserve the monthly charge option for contributions of \$150 (\$12.50 per month) or more.**

- ( ) Please **charge** my contribution **Monthly** in the amount of \$\_\_\_\_\_ to my credit card as follows:
- ( ) Please **charge** my contribution **Quarterly** in the amount of \$\_\_\_\_\_ to my credit card as follows:
- ( ) Please **charge** my contribution **Annually** in the amount of \$\_\_\_\_\_ to my credit card as follows:

( ) MasterCard    ( ) Visa    ( ) Discover    ( ) American Express

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ VAL Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

This authorization is to remain in force until TAHU has received written notification from me of its termination.

I authorize TAHU to charge my credit card as shown above.

I understand that the statement will read "Texas Association of Health Underwriters"

**~Bank Draft Option~**

I authorize the Texas Association of Health Underwriters to initiate debit entries in the amount of \_\_\_\_\_ per month, charging my checking account as described on the attached voided check.

This authorization is to remain in force until TAHU has received written notification from me of its termination in such time and manner as to afford TAHU and my depository reasonable opportunity to act upon it.

Signature \_\_\_\_\_ SS# \_\_\_\_\_

**Please attach a voided check.**

***I understand that contributions to TAHUPAC are NOT tax deductible.***

**Mail to: TAHU, P. O. Box 266682, Houston, TX 77207-6682**

**Fax credit card payments/bank drafts to 844-274-3238**