

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