



PAC / Legislative fund Contribution Form

Two Ways to Contribute

TAHU Political Action Committee (TAHUPAC): Fund designated to contribute to state legislators

Legislative Fund (Leg Fund): Fund to defray costs of legislative activities

Contribution Levels

- Diamond \$1,200 (\$100/Month)
- Ruby: \$600 (\$50/Month)
- Platinum: \$300 (\$25/Month)
- Gold: \$150 (\$12.50/ Month)
- Other _____

Contribution Splits

- 100% PAC
- 100% Legislative Fund
- 50% Each
- Other Split PAC ____% Leg ____%

Please note: Federal regulations prohibit corporate contributions to TAHUPAC. Individual Contributions Only. **Split contributions between PAC and the Leg Fund will be made in two separate charges each month in order to be in compliance with PAC contribution regulations.******

Who Are You?

Name _____ Local Chapter _____
 Employer _____ Occupation _____
 Address _____ City _____ Zip _____
 Office _____ Cell _____ E-mail _____

Method of Contribution:

Bank Draft: Preferred Method

I authorize the Texas Association of Health Underwriters to initiate debit entries in the monthly amount _____ per month charging my checking account as described on the accompanying 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 _____ **Please include a voided check.**

Credit Card: Must be at least \$12.50/month or more

Please charge my contribution monthly in the amount of \$ _____ to my credit card.

Please charge my contribution quarterly in the amount of \$ _____ to my credit card.

Please charge my contribution one time in the amount of \$ _____ to my credit card.

Mastercard Visa Discover AMEX

Card # _____ Exp. Date _____ VAL # (3-4 Digits) _____

Cardholder Name _____ Cardholder Address _____

Cardholder Signature _____

One Time Donation

I have attached a check payable to TAHUPAC for the selected level (PAC)

I have attached a check payable to TAHU for the selected level (Leg Fund)

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

I authorize Association Headquarters to charge my credit card as shown above.

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

I understand that this contribution is not tax deductible.

Mail To: TAHU c/o Lisa Strug, Jaffe Communications 312 North Avenue East, #5, Cranford, NJ 07016 or fax to 908-967-5044 or e-mail to admin@tahu.org. For questions, contact Lisa Strug at 713-645-1490.