

TAA PAC Contribution Form

Texas Academy of Audiology Political Action Committee

2700 N. O'Connor, Suite 102B

Irving, TX 75062

FAX (972) 252-7516

CONTRIBUTION FORM

____ I am making a contribution to the TAA Political Action Committee

In the amount of:

____ \$1000 ____ \$500 ____ \$250 ____ \$100 ____ \$50 Other \$_____

(Contributions amounts listed are only suggestions. The contributor may give more or less than suggested.)

____ My personal check made payable to the TAA PAC is enclosed

(No corporate checks. Contributions not deductible for federal income tax purposes.)

Please charge my (check one)

____ VISA ____ MasterCard

___ I would like an automated monthly debit set up in the amount of \$_____

Name as it appears on the card (printed)_____

Card No:_____

Expiration date_____

Signature_____

Federal law requires committees to report the name, address, occupation, and name of employer for any individual whose contribution exceeds \$50.

Name:_____

Address:_____

City, State, ZIP: _____

Phone: _____

Title: _____

Organization/Company: _____

Email Address: _____

Paid for and authorized by the Texas Academy of Audiology PAC

* Contributions to the TAA PAC must be voluntary

* Contributions are not deductible as charitable organizations

* Contributions will be used to support political candidates and legislative leaders who support and/or are in the position to advance audiology