

**Pennsylvania Orthopaedic Society
Political Action Committee (OrthoPAC)**

510 North Third Street • Harrisburg, PA 17101-1111
(717) 909-8901 • (888) 772-7900



ORTHO PAC/LEADERSHIP CIRCLE CONTRIBUTION FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

Payment Method

Personal Check Enclosed (*please make checks payable To OrthoPAC*)

Visa **Mastercard**

CREDIT CARD NO.: _____

CARD HOLDER NAME: _____

EXPIRATION DATE: _____

CV# (3-digit # on back of MC/Visa) _____

I authorize OrthoPAC Leadership Circle to charge my credit card:

Monthly Contribution: \$208

Lump-Sum Contribution: \$2500

I authorize OrthoPAC to charge my credit card:

Monthly Contribution: \$30 \$42 \$84 \$125

Lump-Sum Contribution: \$360 \$500 \$1000 \$1500

Other Contribution Amount: _____

Signature: _____

Date: _____

Tax Information

***NOTE: Campaign Expense Reporting Law prohibits acceptance of corporate contributions to political action committees.** OrthoPAC contributions are not deductible as charitable contributions for federal income tax purposes. Funds received by the OrthoPAC are used exclusively for campaign contributions and to support the administrative costs of the OrthoPAC.

Questions regarding political contributions, please call 888/772-7900 or 717/909-8901

Please complete and fax to 717/909-8906 or mail to:

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Harrisburg, PA 17101-1111**