

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

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

PAYROLL DEDUCTION FORM

I, _____, direct the Pennsylvania Orthopaedic Society Political Action Committee (OrthoPAC) to contact _____ to initiate a payroll deduction
(practice staffperson)

from my net pay which will represent a personal, ongoing contribution to the OrthoPAC. I further authorize my practice to issue a check quarterly / monthly payable to "OrthoPAC" based on my choice below.

I authorize an annual contribution of : (<input checked="" type="checkbox"/>)		
<input type="checkbox"/> \$2,500	My practice's payroll is: <input type="checkbox"/> Semi-monthly: \$104 per pay <input type="checkbox"/> Biweekly: \$96 per pay <input type="checkbox"/> Monthly: \$208 per pay	<input type="checkbox"/> Quarterly: \$625 per pay <input type="checkbox"/> Other: _____
<input type="checkbox"/> \$1500	My practice's payroll is: <input type="checkbox"/> Semi-monthly: \$63 per pay <input type="checkbox"/> Biweekly: \$58 per pay <input type="checkbox"/> Monthly: \$125 per pay	<input type="checkbox"/> Quarterly: \$375 per pay <input type="checkbox"/> Other: _____
<input type="checkbox"/> \$1000	My practice's payroll is: <input type="checkbox"/> Semi-monthly: \$42 per pay <input type="checkbox"/> Biweekly: \$38 per pay <input type="checkbox"/> Monthly: \$84 per pay	<input type="checkbox"/> Quarterly: \$250 per pay <input type="checkbox"/> Other: _____
<input type="checkbox"/> \$500	My practice's payroll is: <input type="checkbox"/> Semi-monthly: \$21 per pay <input type="checkbox"/> Biweekly: \$19 per pay <input type="checkbox"/> Monthly: \$42 per pay	<input type="checkbox"/> Quarterly: \$125 per pay <input type="checkbox"/> Other: _____
<input type="checkbox"/> Other \$ _____	My practice's payroll is: <input type="checkbox"/> Semi-monthly: _____ per pay <input type="checkbox"/> Biweekly: _____ per pay <input type="checkbox"/> Monthly: _____ per pay	<input type="checkbox"/> Quarterly: \$___ per pay <input type="checkbox"/> Other: _____

X _____
Physician Signature

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

Email: _____

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: Pennsylvania Orthopaedic Society
510 North Third Street, 3rd Floor
Harrisburg, PA 17101-1111**