

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

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



CONTRIBUTION FORM

NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

Payment Method

Check Visa Mastercard AMEX (OrthoPAC only)

PLEASE CHECK ONE BELOW:

Personal Credit Card or Check = OrthoPAC*
PLEASE MAKE CHECKS PAYABLE TO ORTHOPAC.

Corporate Credit Card or Check = Legislative Committee*
PLEASE MAKE CHECKS PAYABLE TO LEGISLATIVE COMMITTEE

CREDIT CARD No.: _____

CARD HOLDER NAME: _____

EXPIRATION DATE: _____

CV2# (3-digit # on back of MC/Visa; 4-digit # on front of AMEX) _____

I authorize The Pennsylvania Orthopaedic Society Political Action Committee to charge my credit card
 every month or one time in the amount indicated below:

Monthly Contribution: \$30 \$42 \$83 \$125

Lump-Sum Contribution: \$360 \$500 \$1,000 \$1,500

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. Contributions to Legislative Committee Funds are not tax deductible.

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

**Please complete and fax back to 717/909-8906 or
Mail to: Pennsylvania Orthopaedic Society,
500 North Third Street, 11th Floor
Harrisburg, PA 17101-1111**