



FamDocPAC

Contribution Form

Yes, I want to help Family Medicine speak with a stronger voice in Mississippi!

Name (please print)*:	
Address*:	
City/State/ZIP*:	
Occupation*:	
Employer*:	
Member ID Number:	Today's Date:
Phone:	E-mail:
<p>*Federal election law requires FamDocPAC to report the name, address, occupation, and name of employer for anyone who contributes \$200.00 or more in a calendar year.</p>	
<p>Contribution: <input type="checkbox"/> \$5,000 <input type="checkbox"/> \$2,500 <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$365 <input type="checkbox"/> \$200 <input type="checkbox"/> \$100 <input type="checkbox"/> Other _____</p>	
<p>Payment Options (please indicate):</p> <p><input type="checkbox"/> Personal Check Payable to FamDocPAC</p> <p><input type="checkbox"/> Personal Credit Card</p> <p style="padding-left: 20px;"><input type="checkbox"/> Monthly Installments (available for credit cards only)</p> <p style="padding-left: 40px;"><i>Payments automatically deducted in monthly installments upon receipt of your pledge.</i></p> <p style="padding-left: 40px;"><i>Amount of Monthly Payment: _____ Until the Following Date: _____ (Month/Year)</i></p> <p><input type="checkbox"/> One Lump-Sum Payment</p> <p><input type="checkbox"/> Cash (If cash, may not exceed \$100)</p>	

If Paying By Credit Card: American Express Master Card Visa Discover

Card Number: _____ **Expiration Date:** _____ **3 digit code (4 for AMEX)** _____

Name on Card (print): _____

Cardholder's Billing Address: _____

Signature: _____

I am aware of the political purposes of FamDocPAC; understand that contributions to FamDocPAC are purely voluntary and that these suggested contribution amounts are only guidelines. I further understand that I will not be favored or disadvantaged by reason of the amount of my contribution or a decision not to contribute.
CONTRIBUTIONS TO FamDocPAC ARE NOT TAX DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES.

Please return this form along with your contribution to:
FamDocPAC, 755 Avignon Drive, Ridgeland, MS 39157 or FAX (601) 853-3002.

Contact the MAFP Executive Director Beth Embry at (601) 853-3302 or beth@msafp.org with any questions.