



Store Name: _____ Your Name: _____

By State law PARD PhilPAC cannot accept corporate checks.

- Enclosed is my personal check made payable to the PARD PhilPAC in the amount of \$ _____
Home address if not listed on check: _____
- I hereby authorize a monthly debit to my personal credit card in the amount of \$ _____ as a contribution to the PARD PhilPAC Fund
- I hereby authorize a one-time debit to my personal credit card in the amount of \$ _____ as a contribution to the PARD PhilPAC Fund

VISA, MasterCard, Discover & American Express accepted:

Account Number: _____

Expiration Date: _____ Security Code: _____

Name on Account: _____

Signature: _____

For financial compliance purposes, please complete the following:

Contact Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Occupation: _____ Employer: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Pennsylvania law requires us to collect and report the name, mailing address, occupation, and employer of individuals whose contributions exceed \$250 in a reporting period. Corporate contributions are prohibited.

Thank you for your support of PARD PhilPAC!