



# OTAC – POLITICAL ACTION COMMITTEE

*A voluntary nonprofit incorporated committee not affiliated with any political party.*

*Your contributions help give voice to occupational therapy practitioners.*

### Donation Level Benefits:

\$25 or more – (Bronze)

- Recognition in OTAC Newsletter

\$50 or more – (Silver)

- OTAC-PAC pin
- Recognition in OTAC Newsletter

\$100 or more – (Gold)

- OTAC-PAC GOLD pin
- Recognition in OTAC Newsletter
- Invitation to OTAC Annual Conference VIP Reception



### Please note:

- Do not mail cash contributions.
- Make contributions using personal or corporate checks or credit cards.
- OTAC-PAC contributions are not deductible for income tax purposes.



### QUESTIONS?

Email OTAC-PAC Chair at [otacpac@otaconline.org](mailto:otacpac@otaconline.org).

EIN 94-2583950

## PAC DONATION FORM



# Yes! I want to support the efforts of the OTAC-PAC.

### Together, We Can!

OTAC Membership ID No. \_\_\_\_\_

One form per person/company. Please type or print clearly. Incomplete forms cannot be processed.

**CONTRIBUTION AMOUNT:**     \$25.00     \$50.00     \$100.00  
 Other \$ \_\_\_\_\_

Individual Name \_\_\_\_\_

Occupation \_\_\_\_\_

Home Street Address \_\_\_\_\_

Home City/State/Zip \_\_\_\_\_

Email \_\_\_\_\_

IF CONTRIBUTION IS MORE THAN \$25.00, INDIVIDUALS MUST PROVIDE EMPLOYER INFORMATION. ALSO COMPLETE INFORMATION BELOW IF CONTRIBUTION IS WRITTEN ON A COMPANY CHECK.

Name of Employer \_\_\_\_\_

Employer Contact Name \_\_\_\_\_

Employer Physical Address \_\_\_\_\_

Employer City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### PAYMENT OPTIONS: CHECK ONE

- Cash (Cash not accepted for donations over \$99.00)
- Check            Make checks payable to OTAC-PAC
- MasterCard         Visa             AMEX

Credit Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_ VCode \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_