



2013 CHPAC CONTRIBUTION FORM

STATE PAC

Yes, I wish to support the state activities and causes of the California Hospital Association Political Action Committee (CHPAC) by making a contribution of:

Contribution Levels:

- Presidents' Club Diamond Level — \$1,500
- Presidents' Club — \$1,250
- Leadership Board Challenge — \$750
- Golden State Club — \$500
- Other — \$_____

Payment Schedule:

- _____ one-time contribution
- _____ monthly payments
- _____ quarterly payments
- _____ payroll (staff only)
- _____ invoice me later

Contributions or gifts to CHPAC are not deductible as charitable contributions for federal or state income tax purposes. All contributions made in 2014 must be paid in full by **December 31, 2014**.

If contributing by credit card, please visit our website at www.calhospital.org/contribute or provide credit card information below:

Name: _____
(Name must appear exactly as it is on the card and please list billing address below.)

MasterCard/VISA/American Express #: _____

Expiration Date: _____ Security Code: _____

CHPAC is required to collect the following information on all political contributions:

Name: _____ Occupation/Title: _____

Full Name of Employer: _____

Billing Address: _____

Street Address: _____
(Street Address Required for Legal Reporting Purposes)

City/State/ZIP: _____

Personal Telephone / Email Address: _____

Name of hospital or health system to receive credit: _____

Please give recognition to my professional organization: ACNL CSHE HCE HHRMAC Volunteers

The California Hospital Association also sponsors CHPAC-FED, formed to support the election of candidates to the U.S. House of Representatives and U.S. Senate who recognize the vital role of hospitals. Under applicable law, participation in CHPAC-FED is limited to only high-level administrative, executive and managerial employees of CHA and high-level administrative, executive and managerial employees of member companies that have given CHA permission to solicit them. Any contribution received from persons who are not members of the CHPAC federal solicitable class will be transferred to the CHPAC state account. If you would like additional information about CHPAC-FED, please contact CHPAC at (916) 552-7533 or chpac@calhospital.org.

Signature _____ Date _____

Please make checks payable to: CHPAC (#790773)

Mailing Address: 1215 K Street, Suite 800, Sacramento, CA 95814 Fax: (916) 552-7692 Phone: (916) 552-7533