



2015 CHPAC CONTRIBUTION FORM
CORPORATE PRESIDENTS' CLUB

I wish to support the California Hospital Association Political Action Committee (CHPAC) by joining the Corporate Presidents' Club and making a pledge of:

- ___ \$6,800 Corporate President's Club
- ___ \$12,000 **Platinum** Corporate President's Club (includes sponsorship and premier recognition at one event)

For a list of member benefits, please visit: www.calhospital.org/corporate-partners.

Contact Information:

CHPAC is required to collect the following information on all political contributions. If all information requested is not supplied, your donation may be returned.

Name: _____ Occupation/Title: _____

Full Name of Employer: _____

Mailing Address: _____

City, State ZIP: _____

Personal Telephone / Email Address: _____

Regional Association to receive credit: _____

Payment Information:

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

Name: _____

MasterCard/VISA/American Express #: _____

Expiration Date: _____ Security Code: _____

If paying by check, please make payable to: CHPAC (#790773)
1215 K Street, Suite 800
Sacramento, CA 95814

Contributions or gifts to CHPAC are completely voluntary and not deductible as charitable contributions for federal income tax purposes. Contributions or gifts to CHPAC are solicited and received on a personal basis not involving the hospital. Platinum Corporate Members contributions will be split \$6,800 to CHPAC and \$5,200 to Quality Healthcare for Californians Independent Expenditure Campaign.

Signature _____ **Date** _____