



CALIFORNIA HOSPITAL ASSOCIATION  
*Political Action Committee*

## 2017 State Contribution Form

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

### Amount

- Presidents' Club Platinum Level (\$5,000)
- Presidents' Club Diamond Level (\$1,750)
- Presidents' Club (\$1,500)
- Leadership Board Challenge (\$850)
- Golden State Club (\$500)
- Other (\$\_\_\_\_\_)

### Recurrence

Pledges must be paid in full by December 31.

- One-time
- Monthly
- Quarterly
- Payroll (association staff)

### Personal Information

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

Name: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Full Name of Employer: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Donation Type

- This is a personal donation for which I will not be reimbursed by my employer or any other entity.
- This is a business donation (a company credit card or I will be reimbursed by my employer or another entity).

Name of business: \_\_\_\_\_

### Payment Information

- Check enclosed. Make payable to CHPAC (#790733)
- Billing address same as personal address

Name on Card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVV Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Note

Contributions or gifts to CHPAC are not deductible as charitable contributions for federal or state income tax purposes.

### CHPAC-FED

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](mailto:chpac@calhospital.org).

### CHPAC Goal Credit

Name of hospital(s) or regional association to receive credit:

\_\_\_\_\_

Please give recognition to my professional organization

- ACNL
- CSHE
- HCE
- HHRMAC
- Volunteers
- CHA Committee: \_\_\_\_\_

Paid for by the California Hospital Association Political Action Committee (CHPAC) — ID #790773  
 Sponsored by the California Association of Hospitals and Health Systems (CAHHS)  
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