



CALIFORNIA HOSPITAL ASSOCIATION
Political Action Committee

2018 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.

Contribution levels are suggestions — you may contribute more or less. You have the right to refuse to contribute to CHPAC without reprisal. The decision to participate will in no way affect your employment or job status.

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.

CHPAC Goal Credit

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

- Name of CHA Center, Committee or Workgroup to receive credit:

- Please give recognition to my professional organization:

- ACNL
- CSHE
- Volunteers

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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