



CALIFORNIA HOSPITAL ASSOCIATION  
*Political Action Committee*

**CONTRIBUTE ONLINE TODAY AT**  
**[www.calhospital.org/contribute](http://www.calhospital.org/contribute)**

## 2019 State Contribution Form

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

### Amount

- Presidents' Club Platinum Level (\$5,000)
- Presidents' Club Gold Level (\$2,000)
- 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: \_\_\_\_\_

### CHPAC Newsletter

- NEW 2019! Please sign me up for the Quarterly CHPAC Newsletter and use the following email address:**

### CHPAC Goal Credit

- Name of Hospital(s), System 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

#### 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.*

Paid for by the California Hospital Association Political Action Committee (CHPAC) — ID #790773  
 Sponsored by the California Association of Hospitals and Health Systems (CAHHS)  
 1215 K Street, Suite 800, Sacramento, CA 95814  
 Ph: (916) 552-7532 — F: (916) 552-7692 — Email: [chpac@calhospital.org](mailto:chpac@calhospital.org)