WHAT is CHPAC?

The California Hospital Association Political Action Committee supports political candidates who understand the special role hospitals have in their communities. These candidates are committed to supporting a legislative and regulatory environment conducive to hospitals’ success in meeting their mission of providing health care.

CHPAC receives contributions from donors across the state and distributes those funds to elected officials and candidates for state and local offices.

HOW does CHPAC work?

The CHPAC Board of Directors governs the activities and funds of CHPAC. Composed of health care leaders from across the state, the board determines which candidates receive support based on their qualifications, knowledge, and responsiveness to issues affecting hospitals.

HOW does CHPAC align with CHA's advocacy work?

CHPAC is one component of a broader advocacy strategy employed by the California Hospital Association. The strategy rests on three pillars:

* Professional, registered lobbyists
* An extensive statewide grassroots advocacy network of concerned individuals
* CHPAC, which relies on effective communication and coordination among CHA, regional hospital associations and hospital representatives

WHY contribute to CHPAC?

Giving to CHPAC is the most direct way you can contribute to creating the right environment for hospitals to thrive. Your donation helps ensure the voice of hospitals and health systems is heard, loud and strong.

CHPAC helps ensure the success of candidates who not only embrace the vital role hospitals and health systems play in health care and in California’s economy, but also take proactive measures to make sure that role does not diminish.

Put simply, donating to CHPAC is an investment in the future of hospitals, the future of health care, and the future of our state.

Individual CHPAC Levels

CHPAC PRESIDENTS' CLUB PLATINUM ($5,000)

The prestigious Presidents’ Club Platinum level signifies the highest level of commitment at the individual level.

* Includes all Presidents’ Club Gold level benefits
* Invitation to an exclusive dinner and reception

CHPAC PRESIDENTS' CLUB GOLD ($2,000)

* Free admission (with one guest) to all CHPAC events
* Invitation to receptions featuring key legislators
* Recognition throughout the year
* Invitation to exclusive update conference calls
* Subscription to CHPAC’s Quarterly Newsletter

CHPAC PRESIDENTS' CLUB ($1,500)

* Free admission (with one guest) to all CHPAC events
* Invitation to receptions featuring key legislators
* Recognition throughout the year
* Invitation to exclusive update conference calls
* Subscription to CHPAC’s Quarterly Newsletter

CHPAC LEADERSHIP BOARD ($850)

* Invitation to receptions featuring key legislators
* Recognition throughout the year
* Subscription to CHPAC’s Quarterly Newsletter

CHPAC GOLDEN STATE CLUB ($500)

* Recognition throughout the year
* Subscription to CHPAC’s Quarterly Newsletter

Thank you for your support!
2020 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. Donations amounts will be prorated based on achieving desired PAC level by December 31 of that calendar year based on month of contribution. They will then be recalculated to a payment plan for each subsequent year, if you select automatic renewal.

- □ One-time  □ Monthly  □ Quarterly  □ Payroll (association staff)
- □ Automatic Yearly Renew (monthly payments via credit card will automatically renew on a yearly basis. To cancel at any time, please contact 916-552-7561).

Personal Information
CHPAC is required to collect the following information:

Name:
Occupation/Title:
Full Name of Employer:
Physical Address:
City: State: Zip:
Telephone: Email:

- □ This is a personal donation for which I will not be reimbursed by my employer or any other entity.

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.

CONTRIBUTE ONLINE TODAY AT www.calhospital.org/contribute