



## CHPAC VOLUNTEER AMBASSADORS' CLUB PLEDGE FORM

The prestigious CHPAC Volunteer Ambassadors' Club consists of health care volunteers who want to be a constant and consistent participant regarding issues surrounding hospitals. Support the activities and causes of the CHPAC Volunteer Ambassadors' Club by making a **\$100** contribution or pledge.

- \$100 CHPAC Volunteer Ambassadors' Club\*
- \$50 CHPAC Volunteer Supporter\*\*

\*CHPAC Volunteer Ambassadors' Club includes a specially designed lapel pin, free admittance to most CHPAC Presidents' Club events. Members may bring a guest, free of charge, to one CHPAC Presidents' Club event of their choice

\*\*CHPAC Volunteer Supporter may attend one CHPAC Presidents' Club event of their choice.

*If contributing by credit card, please visit our website at [www.calhospital.org/contribute](http://www.calhospital.org/contribute) or provide credit card information below:*

Name: \_\_\_\_\_  
(Name must appear exactly as it is on the card and please list billing address below.)

MasterCard/VISA/American Express #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

**NOTE:** Contributions or gifts to CHPAC are not deductible as charitable contributions for federal or state income tax purposes. All pledges made must be paid in full by December 31st of that calendar year in which they were made.

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

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

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

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

City/State/ZIP: \_\_\_\_\_

Personal Telephone: \_\_\_\_\_

Personal Email Address: \_\_\_\_\_

Name of Hospital or Health System to Receive Credit: \_\_\_\_\_

Please give recognition to my professional organization:  ACNL  CSHE  Volunteers  CHA Committee: \_\_\_\_\_

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).

**Please make checks payable to: CHPAC (#790773)**

Mailing Address: 1215 K Street, Suite 800, Sacramento, CA 95814 Fax: (916) 552-7692 Phone: (916) 552-7532