

## Yes I will support WAHU PAC!

Please Enroll Me in Monthly Automatic Deduction from my Debit/Credit Card: **President's Club Capital Club** □ \$15 □ \$25 □ \$50 □ \$10 □ \$20 □ \$100 ☐ Other I would like to make a one-time contribution: President's Club **Capital Club** □ \$25 □ \$50 □ \$100 □ \$300 □ \$500 □ \$1000 ☐ Other The WA State Public Disclosure Commission regulations require the following: ☐ Individual Contribution ☐ Business Contribution Name: Address: City, State, Zip: Phone: Fax: Email: Individual's Occupation: Individual's Employer Name: Individual's Employer Address: Individual's Employer City, State, Zip: Required information by all non-individual contributors: Foreign National Certification: I certify that the entity, (name of entity). making this contribution is not organized under the laws of and does not have its principal place of business in a foreign country. This contribution is not financed in any part by a "foreign national" as defined in RCW 42.17A.005(24)1 and foreign nationals were not involved in making decisions regarding the contribution in any way. Amount of Contribution: Date of Contribution: Name of Authorized Agent: Date Certificate Submitted: Credit Card Information □ Visa ☐ MasterCard ☐ American Express Credit Card#: **Expiration Date:** Security Code on Back of Card: Name on Card: Billing Address (if different then above):

If you are making a one time-donation and wish to do this with a check, make it payable to: WA Association of Health Underwriters PAC. Recurring Charges will be charged to accounts on or around the 20th of the month.

Contributions are not deductible for income tax purposes.

Billing City, State, Zip:

Questions? You can contact Heather Clarke at 360.628.8129 or via email at heather@clarkecompany.net.