

Iowa Providers PAC Pledge Form

DONOR CONTACT

Name Organization
Email Phone

"WE ARE ALL IN THIS TOGETHER" CAMPAIGN

Supporter Giving - Enclosed is my contribution of ...

☐ \$50 ☐ \$100 ☐ \$350 ☐ \$500 ☐ Other Amount \$

Relentless Advocate Giving - Automatic Contribution

☐ \$26.93 per week ☐ \$116.67 per month ☐ \$350 annually

Automatic Contribution - TO BE MADE ☐ Monthly ☐ Quarterly ☐ Annually

☐ \$25 ☐ \$50 ☐ \$75 ☐ \$100 ☐ \$350 ☐ Other Amount

Start Date:

Length of Recurring Contribution: ☐ Until Cancelled ☐ Equivalent of One (1) Year

BILLING INFORMATION

Please note, contributions must be made from a personal account. Corporate donations **cannot** be accepted and payment **cannot be from your organization's accounts**.

Name on Credit Card

Credit Card Number Exp. CVC

Billing Address City State Zip

*PAC contributions are **not tax-deductible**. Checks **MUST** be made payable to "Iowa Providers PAC". Corporate contributions cannot be accepted. All contributions are reported to the Iowa Ethics & Campaign Disclosure Board.*

Please return this form to Susan Seehase at sseehase@iowaproviders.org or Iowa Providers PAC, 7025 Hickman Road, Suite 7, Urbandale, IA 50322.