



National Association of Health Underwriters
 Political Action Committee
 2000 North 14th Street Suite 450
 Arlington, VA 22201

HUPAC DONOR COMMITMENT FORM

LAST NAME			FIRST NAME			MIDDLE		
OCCUPATION (FEC Reporting Requirement)				EMPLOYER (FEC Reporting Requirement)				
HOME ADDRESS								
CITY, STATE, ZIP			PHONE			FAX		
EMAIL			REGION			STATE CHAPTER		

NOTE: Political contributions are reported to the FEC therefore your information, as a contributor, will be a matter of public record.

Contribution Levels

Levels	Annual	Monthly	Presidential	Annual	Monthly
Legislator	\$395	\$33.00	Level 1	\$1,000	\$85.00
Congressional	\$480	\$40.00	Level 2	\$2,000	\$170.00
Senatorial	\$960	\$80.00	Level 3	\$3,000	\$250.00
			Level 4	\$4,000	\$340.00
			Level 5	\$5,000	\$420.00

Payment Method

Payment Method	Card or Account No.	Expiration Date	Monthly Amount	One-Time Contribution
Visa/MasterCard			\$	\$
AMEX			\$	\$
Discover			\$	\$
Auto Check			\$	\$

Bank Draft/Credit Card Authorization

I authorize HUPAC to initiate charges to my bank account or credit card as shown above.

Signed: _____ Dated: _____

Please attach a voided check and return to the HUPAC address above or call
 Tom Bruderle @ (703) 276-3805