



California Association of Health Underwriters Political Action Committee
 FPPC # 892177

(*for required fields)

CAHU PAC CONTRIBUTOR COMMITMENT FORM

*LAST NAME *FIRST NAME MIDDLE *EMAIL

NOTE: POLITICAL CONTRIBUTIONS ARE REPORTED TO THE FPPC, YOUR NAME AS A CONTRIBUTOR, WILL BE A MATTER OF PUBLIC RECORD.

*OCCUPATION Required for FPPC reporting purposes

*EMPLOYER (if self employed, name of business; Required for FPPC reporting purposes

WORK ADDRESS Please provide street address only, no P.O. Boxes Check Box if this is credit card billing address

CITY, STATE, ZIP PHONE FAX

HOME ADDRESS Please provide street address only, no P.O. Boxes Check Box if this is credit card billing address

*CITY, STATE, ZIP PHONE FAX

CONTACT EMAIL ADDRESS LOCAL CHAPTER

PRECIOUS GEM STONE CONTRIBUTION LEVELS

Levels	Annual	Monthly Minimum	Diamond Levels	Annual	Monthly Minimum
Ruby	\$250 - \$499	\$21/month	One Star	\$1,000 - \$1,999	\$85/month
Emerald	\$500 - \$719	\$42/month	Two Star	\$2,000 - \$2,999	\$170/month
Sapphire	\$720 - \$999	\$60/month	Three Star	\$3,000 - \$3,999	\$250/month
			Four Star	\$4,000 - \$4,999	\$340/month
			Five Star	\$5,000 - \$6,000	\$420/month

PAYMENT METHOD: (please attach check or select desired method below)

Check Enclosed	Ck #		Monthly Amount	One-Time Contribution
Visa/MC/Amex	#	Exp.	\$	\$
Billing Address: If either address is not checked above, please provide credit card billing address below:				
Street Address _____ City _____ State _____ Zip _____				
Auto-checking withdrawal	PLEASE ATTACH A VOIDED CHECK		\$	

Bank Draft / Credit Card Authorization: I (we) hereby authorize the CAHU PAC to initiate debt entries to my (our) checking account and or credit card. Monthly or one-time debits to be made as shown above. Monthly contributions will continue to be on the 10th of each month until CAHU PAC is notified in writing to cease. I understand that if I should request changes to the amount withdrawn or a cancellation of these charges that it may be 30 days before these changes to become effective.

Signed: _____ Date: _____

CAHU PAC

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