



POLITICAL ACTION COMMITTEE

SUPPORT THE PAC!

CONTRIBUTION FORM

Name _____

Address _____

City/State/Zip _____

Phone _____

E-mail _____

Occupation _____

Contribution Level – **One Time**

\$25 \$50 \$100 \$300 \$500 \$1,000 \$_____

Contribution Level – **Monthly (Debit or Credit Cards Only)**

\$5 per month \$10 per month \$15 per month \$20 per month
 \$25 per month \$30 per month \$40 per month \$50 per month
 \$100 per month \$_____per month

Payment Information:

Check Cash MasterCard Visa American Express

Card #: _____ Expiration: _____

Signature: _____

Please send ALAPTA-PAC donations to: ALAPTA-PAC, 5602 Lake Trace Drive, Birmingham, AL 35244-3967. Checks should be made payable to ALAPTA-PAC.

E-Mail – Alabama@apta.org FAX – 703/706-8575 Questions – 800/999-2782, ext. 3284

Please remember contributions are not tax deductible.