



# CAL-PT-PAC Contribution Form

*Maximizing the impact of every dollar donated!*

The California Physical Therapy Political Action Committee's (CAL-PT-PAC) philosophy is to support the election of members of the California Legislature who support the profession of physical therapy. Please complete the form below and send it along with your contribution to the CPTA Office, 1990 Del Paso Rd., Sacramento CA 95834. To obtain further information, you may call (916)929-2782, (800)743-2782 or visit the website at [www.ccapta.org](http://www.ccapta.org).

## Back the PAC!

Name: \_\_\_\_\_  
*(Please specify if donor is a company or individual. One donor per form.)*

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Employer/School\*: \_\_\_\_\_

\*Required by state law. If self-employed, please write self. If this information is incomplete we will be required to return your contribution.

Occupation: PT PTA Student Other: \_\_\_\_\_

District: \_\_\_\_\_

I would like to make the following contribution:

\$1000	~ Grizzly**
\$500—\$999	~ 2600 Club**
\$20—\$499	~ Advocate
\$1—\$19	~ Contributor
\$20	~ Student Cub
Other:	_____

Amount\$: \_\_\_\_\_ No money orders or cashier's check. **No Cash donations over \$99.**

Check#: \_\_\_\_\_ Payable to CAL-PT-PAC (Full amount only. No check installments.)

Cash (cash contribution may not exceed \$99 per state law) Credit: Visa / MC / DISC / AMEX

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_ CVV# \_\_\_\_\_

\*When making a credit card contribution of \$100 or more you may be charged in EQUAL payments within the calendar year. Please circle the months you would like to be charged. **All installments must be made by 12/31/19.**

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

**I would like to make this contribution annually**

\*Annual contributions will be renewed on or around **January 1** of every year.

**I would like to donate an additional \$26 to "Elect a PT/PTA"**

Authorized Signature: \_\_\_\_\_ Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\*\*\*Contributions are not deductible as charitable contributions for Federal Income Tax purposes\*\*\*