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.

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 12/31/20.

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***