



## 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, please visit [ccaapta.org](http://ccaapta.org) or (916) 929-2782.

### Back the PAC!

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

Billing 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: \$: \_\_\_\_\_ Installments Annually

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

Donate Online — [Secure Payment Link](#)

Check #: \_\_\_\_\_ payable to CAL-PT-PAC

Cash (cash contribution may not exceed \$99 per CA state law). Money orders/cashier's checks are not accepted.

#### Installment Options:

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 12/31/25.**  
**Annual contributions will renew on or around January 1 each year.**

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

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

Authorized Signature: \_\_\_\_\_

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