

# What is MCPAC?

The Minnesota Chiropractic Political Action Committee (MCPAC) has been established to advance the advocacy and legislative agenda of the chiropractic profession. Donor participation encourages taking an active role in government policy as it relates to issues affecting the chiropractic profession and patients and provides an opportunity to educate elected officials and those seeking elected office about issues affecting the work we do and the patients we serve.

## Why should I give?

Because relationships matter! Every year Minnesota's elected officials consider and pass countless pieces of legislation that directly and indirectly affect the profession of chiropractic. From the provider tax to no-fault auto, to securing MA coverage for services, this legislature, and the one elected in November, will make decisions that impact your ability to provide care for your patients.

Because elections matter! As a group, you can have impact by helping to elect chiropractic-friendly candidates at the state level. A PAC allows a community of like-minded individuals to amplify their voice – individually, doctors may not have the time and resources to affect candidate elections.

## Who can give? How do I give? How much can I give?

Anyone who cares about the chiropractic profession can give to MCPAC, and there is no maximum to what you can contribute. However, contributions are not tax deductible and corporate contributions are not allowed. Write your personal (not business) check to MCPAC.

## Additional Questions? Interested in becoming a PAC Board Member? Contact:

Dr. Craig Couillard, Chair, MCPAC at 952-469-8385 or [drccraig@lakemarionchiropractic.com](mailto:drccraig@lakemarionchiropractic.com).

Donations made to MCPAC can only be made from **personal accounts**.

### Donation amount \$ \_\_\_\_\_

Name \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
*(MN Law requires full disclosure including employer/ occupation for contributions)*

Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

### Payment info

Check (Payable to MCPAC)  VISA  MasterCard  AMEX  Discover

All credit card fields are required. ( Check here if you plan to use the auto-pay monthly option)

Card Number \_\_\_\_\_ Exp. date \_\_\_\_\_ 3-digit security code \_\_\_\_\_

Cardholder Name (print) \_\_\_\_\_ Cardholder Phone \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

Credit Card Billing Address:  Same as address above

Address \_\_\_\_\_

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

Send your completed form and payment to:

MCPAC • 1000 Westgate Drive, Suite 252 • St. Paul, MN 55114 | Or fax to 651-290-2266

(For office use only)

initials		fin.
date		
CK/CC		
amt. paid		
bal. due		