



SDPT-PAC Pledge

I understand the need for SDPT-PAC to be in a strong position to help candidates who are responsive to the physical therapy profession's goals and viewpoints. Enclosed is my club membership contribution of:

____ \$1,000 ____ \$500 ____ \$250 ____ \$100 ____ \$50 ____ \$25 ____ Other
Platinum Diamond Gold Double Eagle Eagle Capital

Please make checks payable to SDPT-PAC. Personal checks preferred.

Please forward payments to:

**Big Stone Therapies
Attn: SDPT-PAC
309 Washington Ave.
Ortonville, MN 56278**

***Do we have your permission to include your name and pledge level on the website? ____ Yes ____ No

** Federal law requires that we request the following information:

Printed Name: _____

Signature: _____

Address: (No P.O. Box) _____

City: _____ State: _____ Zip: _____

Phone: _____

Employer: _____

Date: _____

E-Mail: _____