

Tennessee Physical Therapy- Political Action Committee Contribution Form



Giving levels:

Bronze (\$25-49)
Silver (\$50-99)

Gold (\$100-249)
Platinum (\$250 +)

Name _____

Occupation _____

Email _____ Employer _____

Address _____

City _____ State _____ Zip _____

- I am sending a check in the amount of \$_____. Make personal checks only to TPT-PAC; send to TPTA office:

TN Physical Therapy PAC
1483 N Mt. Juliet Road, #175
Mt. Juliet, TN 37122

- I would like to make a one time contribution of \$_____ by credit card (\$10 minimum):
- I would like to make monthly credit/debit payments I am pledging a monthly contribution for ____ year(s) of:

___ \$10	___ \$30	___ \$50	___ \$70
___ \$15	___ \$35	___ \$55	___ \$75
___ \$20	___ \$40	___ \$60	___ \$80
___ \$25	___ \$45	___ \$65	___ \$100

Credit Card # _____
 Expiration Date _____ CVV Code _____
 Name on card _____
 Billing Address _____
 City _____ State _____ Zip _____
 Signature _____