

Kansas Health Underwriters Political Action Committee

KAHUPAC • 2525 NW Topeka Blvd., Topeka, KS 66617

Phone: (785) 291-0200 • Fax: (785) 291-0202

KAHUPAC Contribution Form

<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
<i>Occupation*</i>	<i>Employer*</i>	<i>Work Email</i>
<i>Work Address</i>	 	
<i>Work City, State, Zip</i>	<i>Work Phone</i>	<i>Work Fax</i>
<i>Home Address</i>	 	
<i>Home City, State, Zip</i>	<i>Home Phone</i>	<i>Home Fax</i>
<i>Personal / Home Email</i>	<i>State</i>	<i>Chapter</i>

* A contribution to a Political Action Committee is not deductible as a charitable contribution for federal income tax purposes. Only NAHU members, their immediate families, and Kansas Association of Health Underwriters (KAHU) Staff may contribute. All contributors must be citizens or persons lawfully admitted for permanent U.S. residence under applicable federal law. Federal law requires PACs to report the name, mailing address, occupation, and name of employer for individuals whose donations exceed \$200 in a calendar year.

Suggested Contribution Levels**

Levels	One-Time	Monthly Draft	Capitol Club	One-Time	Monthly Draft
Supporter	\$100	\$10.00	Gold	\$1,000	\$85.00
<i>Supporters qualify for the KC Triple Crown Member Award</i>			Diamond	\$2,000	\$170.00
“365 Club”	\$365	\$33.00	2 Diamond	\$3,000	\$250.00
“500 Club”	\$500	\$44.00	3 Diamond	\$5,000	\$410.00

** These guidelines for contributions are merely suggestions. You may contribute more or less than the guidelines suggest, and the Kansas Association of Health Underwriters (KAHU) will not favor nor disadvantage you by reason of the amount of your contribution or your decision not to contribute.

Candidate Fund ONLY **Administrative Fund**

PAYMENT METHODS

- One-Time Payment**
 New Monthly Draft
 Increase to Monthly Draft
 Change of Information
- Personal Check Attached**
 Amount: \$ _____
 MONTHLY or ONE-TIME
(Please make checks payable to KAHUPAC)
 (Please circle one: Monthly or One-Time)
- MASTERCARD**
 VISA
 DISCOVER
- Credit Card Draft**
 Bank Account Draft *(attach voided check)*

Card Number _____ Security Code _____ Exp. Date _____

I authorize KAHUPAC to initiate charges to my personal bank account or credit card as shown above.

Signed _____

Date _____

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