



LaFamPac Contribution Form

*Yes, I want to help Family Medicine speak
with a stronger voice in Louisiana!*

(Please print)

Name *: _____

Member ID #: _____ Today's date: _____

Address *: _____

City, State, Zip *: _____

Occupation *: _____

Employer *: _____

*Federal election law requires LaFamPac to report the name, address, occupation, and name of employer for anyone who contributes \$200.00 or more in a calendar year.

Contribution: \$5,000 \$2,500 \$1,000
 \$500 \$200 \$100 Other _____

Payment Options:

- Personal check payable to **LaFamPac**
- Cash (may not exceed \$100)
- Personal Credit Card: American Express Master Card Visa Discover
- In one payment
- In monthly installments – credit card contributions only. Payments will be automatically deducted in monthly installments upon receipt of your pledge.

Amount of Monthly Payment: _____
Until the following date: _____ (month/yr)

Card Number: _____ Expiration Date: _____

Cardholder's billing address: _____

Phone: _____ Email Address: _____

Name on card (print): _____

Signature: _____

I am aware of the political purposes of LaFamPac, understand that contributions to LaFamPac are purely voluntary and that these suggested contribution amounts are only guidelines. I further understand that I will not be favored or disadvantaged by reason of the amount of my contribution or a decision not to contribute.

CONTRIBUTIONS TO LaFamPac ARE NOT TAX DEDUCTIBLE FOR FEDERAL INCOME TAX PURPOSES.

Please return this form, along with your contribution to:
LaFamPac, 919 Tara Boulevard, Baton Rouge, LA 70806 or
Fax to (225) 923-2909.

For more information, please contact the Executive Director
Of the LAFP, Ragan Canella at (225) 923-3313.