



## Iowa Providers PAC Pledge Form

### DONOR CONTACT

Name  Organization   
Email  Phone

### "WE ARE ALL IN THIS TOGETHER" CAMPAIGN

**Supporter Giving** - Enclosed is my contribution of ...

\$50  \$100  \$350  \$500  Other Amount \$ \_\_\_\_\_

**Executive Level Giving** - Recurring Contribution

\$29.17 per month  \$87.50 per quarter  \$350 annually

Start Date:

Length of Recurring Contribution:  Until Cancelled  Equivalent of One (1) Year

### BILLING INFORMATION

Please note, contributions must be made from a personal account. Corporate donations **cannot** be accepted.

Name on Credit Card   
Credit Card Number  Exp.  CVC   
Billing Address  City  State  Zip

*PAC contributions are **not tax-deductible**. Corporate contributions cannot be accepted. All contributions are reported to the Iowa Ethics & Campaign Disclosure Board.*

Please return this form to Susan Seehase at [sseehase@iowaproviders.org](mailto:sseehase@iowaproviders.org) or Iowa Providers PAC, 7025 Hickman Road, Suite 5, Urbandale, IA 50322.