



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 \$

Relentless Advocate Giving - Automatic Contribution

\$7.44 per week \$31.82 per month \$350 annually

Automatic Contribution - MADE Monthly Quarterly Annually

\$25 \$50 \$75 \$100 \$350 Other Amount

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 and payment **cannot be from your organization's accounts**.

Name on Credit Card

Credit Card Number Exp. CVC

Billing Address City State Zip

*PAC contributions are **not tax-deductible**. Checks **MUST** be made payable to "Iowa Providers PAC". 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 or Iowa Providers PAC, 7025 Hickman Road, Suite 7, Urbandale, IA 50322.