



**Political  
Action  
Committee**



**OHA-PAC Contribution Card**

Levels of Giving:

- \$1,000 Ben Franklin Club
- \$500 Chairman's Circle     \$350 Capitol Club
- \$ 250                                     \$150
- \$ 100                                     \$50
- \$ 25                                     Other \$ \_\_\_\_\_
- Enclosed is my personal check.
- Please contact me about using an automatic bank draft to contribute.
- Please charge the above amount to my personal
  - VISA     MasterCard

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print Name As It Appears on Card: \_\_\_\_\_

Billing Address of Cardholder: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Signature: \_\_\_\_\_

Please check appropriate category (ies):

- Health Executive/Administration/Management
- Professional Employee of Hospital (MD, DO, RN, etc.)

Please Type or Print Clearly: (Information required by state and federal campaign finance laws)

Contributor's Name \_\_\_\_\_

Occupation/Title \_\_\_\_\_

Home Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Full Name of Employer \_\_\_\_\_

Employer Address \_\_\_\_\_

Employer Fax \_\_\_\_\_

Email Address \_\_\_\_\_

Employer Phone \_\_\_\_\_

Hospital/Organization to Receive Credit for Your Gift

- ★ My contribution to the OHA-PAC is voluntary, and from my personal funds.
- ★ I have not been directly or indirectly compensated or reimbursed for my contribution.
- ★ I was informed of the purpose of the OHA-PAC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return to:

**Oklahoma Hospital Association  
Political Action Committee**  
 4000 Lincoln Boulevard  
 Oklahoma City, Oklahoma 73105  
 405-427-9537  
 Fax: 405-424-4507