



The purpose of the NABIP PAC is to raise funds from NABIP members to support the political campaigns of candidates who believe in private-sector solutions for the health and financial security of all Americans.

Contribute securely at www.nabippac.org

Step 1: Tell us about yourself. *(All information must be completed in full by contributor.)*

Name: _____ Occupation: _____
 Employer: _____ Address: _____
 Email: _____ Phone: _____

Step 2: Please select (A) Fund (B) Frequency (C) Contribution Level

New Contributor Past Contributor Change Contribution to Amount Checked Below

A. Choose a Fund

Candidate Fund* Administrative Fund**

**Candidate Fund can ONLY accept personal contributions.
 **Administrative Fund can accept corporate contributions.*

B. Contribution Frequency

One-Time Contribution
 Charge my account annually for this amount.

Monthly Contribution (Recurring)
Credit card or bank account will be charged monthly.

	(Annual)	(Monthly)
Member	<input type="checkbox"/> \$150	<input type="checkbox"/> \$12
Bronze	<input type="checkbox"/> \$365	<input type="checkbox"/> \$30
Silver	<input type="checkbox"/> \$500	<input type="checkbox"/> \$42
Gold	<input type="checkbox"/> \$750	<input type="checkbox"/> \$63
Platinum	<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$85
Diamond	<input type="checkbox"/> \$2,000	<input type="checkbox"/> \$170
Double Diamond	<input type="checkbox"/> \$3,000	<input type="checkbox"/> \$250
Triple Diamond	<input type="checkbox"/> \$5,000	<input type="checkbox"/> \$415
Amount not listed	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

Did a NABIP member refer you? If so, who? _____

Step 3: Provide your method of payment.

(Payment must be from a personal credit card or bank account if contributing to the Candidate Fund.)

Credit or Debit Card American Express Discover Mastercard Visa

Card Number: _____ Expiration Date: (mm/yy): _____
 CVV: _____ Zip Code: _____

Checking Account

Bank Routing Number: _____ Account Number: _____

Signature

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

Signature: _____ Date: _____

Step 4: Submit this form.

Mail
 NABIP PAC
 999 E Street NW, Suite 500
 Washington, DC 20004

Fax
 202-747-6820

Email
pac@nabip.org

A contribution to a Political Action Committee is not tax deductible. Only NABIP members, their immediate families and NAHU staff may contribute. Only U.S. citizens and permanent residents may contribute. Any guidelines mentioned for contributions are merely suggestions. You may contribute more or less than the guidelines suggest, and the National Association of Benefits and Insurance Professionals (NABIP) will not favor nor disadvantage you by reason of the amount of your contribution or your decision not to contribute. Federal law requires PACs to report the name, mailing address, occupation and employer for individuals whose donations exceed \$200 in a calendar year. Federal law prohibits corporate or business donations to a federal PAC. Please make certain that your check or credit card is your personal account.