



Contribution Form

Please complete all fields below

Name: _____

Company: _____ **Job title:** _____

Address: _____

City: _____ **State:** _____ **ZIP:** _____

Email: _____ **Phone:** _____

Contribution

\$500 \$250 \$100 Other \$_____ I prefer my contribution to remain anonymous.

There is no limit to the maximum contribution allowed by law. However, contributions to the LeadingAge PA PAC are not charitable contributions for federal income tax purposes. *In compliance with federal and state regulations, all contributions to the LeadingAge PA PAC must be made by personal funds via check or credit card registered to a home address. No corporate checks or cards, please. State laws require political committees to collect and report the name, the mailing address on your credit card or check, and occupation of individuals who contribute in a calendar year.*

Credit Card

Name on card: _____ Visa MasterCard Discover

Credit card number: _____ **Billing ZIP Code:** _____

Expiration date: _____ **CVC code (on back of the card):** _____

Contribution amount: _____ **Signature:** _____

Personal Check

Please make personal checks payable to **LeadingAge PA PAC**

Sending Your Contribution

Please mail this completed form with donation to:

LeadingAge PA PAC
1100 Bent Creek Boulevard
Mechanicsburg, PA 17050
www.LeadinAgePA.org