



Membership Form

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone () _____ E-mail: _____

CONTRIBUTION LEVELS (circle one):

Liberty Club \$1000+

Keystone Club \$200+

Century Club \$100

Capital Club \$500+

Keystone Club Partners* \$250

Century Club Partners* \$150+

Dental Student Member \$10 Other _____

**Partners include spouse for additional \$50.
(Spouses are included in Capital and Liberty Club levels.)*

PAYMENT METHOD (circle one) cash personal check personal credit card
corporate check corporate credit card

CREDIT CARD TYPE (circle one):

Visa MasterCard American Express Discover

Credit card number

Credit card expiration date

Signature

I authorize PADPAC to charge my credit card (check one):

_____ **EVERY MONTH** (beginning: _____/2008 and ending: _____/2008) in the amount of:
\$1000 ___ \$500 ___ \$200 ___ \$100 ___ \$50 ___ \$25 ___ \$10 ___ Other _____

_____ Or **ONE TIME ONLY** in the amount of:
\$1000 ___ \$500 ___ \$200 ___ \$100 ___ Other _____

PLEASE SEND YOUR CONTRIBUTION TO:

PADPAC, 3501 North Front Street, Harrisburg, PA 17105 or fax to (717) 232-7169

**PAC contributions are not deductible as charitable contributions for federal income tax purposes. A maximum \$40 of your contribution will be forwarded to ADPAC. State law requires political action committees to report the name and mailing address for each individual whose contributions aggregate in excess of \$50 in a calendar year. Contributions made with a corporate credit card or check will be earmarked for administrative expenses but cannot be used for political contributions. Political contributions can be made with a personal credit card or check.*

FOR MORE INFORMATION ON PADPAC, please contact Matt DiLoreto, government relations coordinator at PDA, at (717) 234-5941 ext. 108 or mjd@padental.org.