



CAL-PT-PAC Contribution Form

Maximizing the impact of every dollar donated!

The California Physical Therapy Political Action Committee's (CAL-PT-PAC) philosophy is to support the election of members of the California Legislature who support the profession of physical therapy. Please complete the form below and send it along with your contribution to the CPTA Office, 2880 Gateway Oaks Dr, Suite 140, Sacramento CA 95833. To obtain further information, you may call (916)929-2782, (800)743-2782 or visit the website at www.ccapta.org.

Support Legislation that is good for Physical Therapy ~ Back the PAC!

Name: _____
(Please specify if donor is a company or individual. One donor per form.)

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Employer*: _____

*Required by state law. If self-employed, please write self. If this information is incomplete we will be required to return your contribution.

Occupation: PT PTA Student Other: _____

District: _____

I would like to make the following contribution:

\$1000 ~ Grizzly**
\$500—\$999 ~ 2600 Club**
\$100—\$499 ~ Sustaining Investor
\$20 ~ Student Cub

Other: _____

Amount\$: _____ No money orders or cashier's check. **No Cash donations over \$99.**

Check#: _____ Payable to CAL-PT-PAC (Full amount only. No check installments.)

Cash (cash contribution may not exceed \$99 per state law) Credit: Visa / MC / DISC / AMEX

Card Number: _____ Exp Date: _____ CVV# _____

*When making a credit card contribution of \$100 or more you may be charged in EQUAL payments within the calendar year. Please circle the months you would like to be charged. **All Installments must be made by 12/31/11.**

Jan Feb Mar Apr May June July Aug Sept Oct Nov Dec

Authorized Signature: _____ Name on Card: _____

Billing Address: _____

Contributions are not deductible as charitable contributions for Federal Income Tax purposes