



"The purpose of HUPAC is to raise funds from NAHU members for the purpose of supporting the political campaigns of candidates who believe in private sector solutions for the health and financial security of all Americans"

Contribute securely at www.hupac.org

Step 1: Tell Us About Yourself (All information must be completed in full by the contributor)

Name: _____ Occupation: _____
 Address: _____ Employer: _____

 _____ Phone: _____

Step 2: Please select a (A) fund (B) frequency (C) contribution level

- New Contributor Past Contributor Change Contribution to Amount Checked to 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

C. Contribution Levels	(annual)	(monthly)
Supporter	<input type="checkbox"/> \$ 150.00	<input type="checkbox"/> \$ 12.00
"365 Club"	<input type="checkbox"/> \$ 365.00	<input type="checkbox"/> \$ 30.00
Congressional	<input type="checkbox"/> \$ 500.00	<input type="checkbox"/> \$ 42.00
Senatorial	<input type="checkbox"/> \$ 750.00	<input type="checkbox"/> \$ 63.00

Capitol Club Levels

Gold	<input type="checkbox"/> \$1,000.00	<input type="checkbox"/> \$ 85.00
Diamond	<input type="checkbox"/> \$2,000.00	<input type="checkbox"/> \$ 170.00
Double Diamond	<input type="checkbox"/> \$3,000.00	<input type="checkbox"/> \$ 250.00
Triple Diamond	<input type="checkbox"/> \$5,000.00	<input type="checkbox"/> \$ 415.00
Amount not listed	<input type="checkbox"/> \$ _____	<input type="checkbox"/> \$ _____

Did a NAHU 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 AmEx Discover Master Visa

Card Number: _____ Expiration Date (mm/yy): _____
 Billing Address: _____ City/State/Zip: _____

Checking Account
 Bank Routing Number: _____ Account Number: _____

Signature
I authorize HUPAC to initiate charges to my personal bank account or credit card as shown above:

Signature: _____ Date: _____

Step 4: Submit This Form

Mail: HUPAC • 1212 New York Ave • Ste 1100 Washington, DC 20005 **Fax:** 202-747-6820 **Email:** hupac@nahu.org

A contribution to a Political Action Committee is not tax deductible. Only NAHU members, their immediate families and NAHU staff 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 Health Underwriters (NAHU) 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.