



CONTRIBUTION CARD

Levels of Giving:

☐ **Ben Franklin Club • \$1,000**

☐ **Chairman's Circle • \$500**

☐ **Capitol Club • \$350**

☐ **Other** _____

☐ Pay by personal check (Payable to NHA PAC)

Pay by credit card: ☐ Visa ☐ MasterCard

Credit card #: ____ / ____ / ____ / ____

Name on card: _____

Expiration date: __ / __

Signature: _____

Please check appropriate category(ies):

☐ Health Care Executive/Administration/Management

☐ Professional Employee (MD, DO, RN, etc.)

☐ Hospital Trustee

☐ Other (specify) _____

25% of the regular contributions received and 50% of Capitol Club, Chairman's Circle and Ben Franklin Club contributions are shared with AHAPAC unless the contributor designates otherwise. Your contribution is important to us, but we want to emphasize that all contributions are voluntary and have no impact on your job status, performance review, compensation or employment. Any amount given or the decision not to give will not advantage or disadvantage you. Contributions or gifts to the AHAPAC are not deductible as charitable contributions for federal income tax purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.



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Contributions to NHA PAC are not tax deductible under IRS rules. Information below is **required** by state and federal campaign finance laws. Please print clearly.

Name _____

Title _____

Home Address _____

City, State, ZIP _____

Home Phone _____

E-mail _____

Full Name of Employer _____

Employer's Phone _____

Hospital/Organization _____

(To receive credit for your donation)

Signature _____

Date _____

Contribution cards and payment must be mailed to:
NHA PAC
3255 Salt Creek Circle, Suite 100
Lincoln, NE 68504-4778

**Do not mail
to NHA's
P.O. Box**