

**POLITICAL ACTION COMMITTEE
CONTRIBUTION FORM**

I hereby authorize PANA-PAC to charge/debit my
Credit/debit card account under the following terms
(Visa & MasterCard Only)

Recurring Donations**

\$10/month

\$25/month

\$30/month

\$50/month

\$100/month

Other monthly amount \$ _____/month

One Time Donation of:

\$50

\$100

\$250

\$500

Other \$_____

Name: _____ AANA# _____

Address: _____

Phone: _____ E-mail: _____

Credit Card # _____ Card Expiration Date: _____ Security Code: _____

Signature _____ Occupation/Employer _____

Please complete this form then print and sign. Mail to the address below. Thank You!

Recurring donations will be drafted on the 15th of each month. PANA will require a 15-day notification to terminate the agreement. All donations to PANA-PAC must come from personal funds. This includes credit/debit cards. We cannot accept any business entity. PAC donations are not tax-deductible.

PANA-PAC 234 North 3rd St. Harrisburg, PA 17101