

★ **NCCA-PAC** ★

“COMMITTED TO IMPROVING PATIENT ACCESS TO NATURAL HEALTH CARE FOR ALL CITIZENS OF NORTH CAROLINA.”

I want to advance & defend my profession
by contributing to the NCCA-PAC

The NCCA-PAC works diligently to support
pro-chiropractic candidates in the State of North Carolina

Please mail all contributions to: NCCA-PAC, 3200 Blue Ridge Rd. Ste. 216, Raleigh, NC 27612
or donate online at: www.ncca-pac.com
or Fax this form to: 919-832-0612

I wish to contribute to the NCCA-PAC in the amount of: _____ amount monthly (EZ-Pay)
_____ amount one time

(Every contribution is personal, if you are looking for a reference point the minimum suggested donation is \$50 to \$100 / month)

----- CREDIT CARD PAYMENT OPTION -----

My personal credit card: ___ Visa ___ MasterCard

Name _____ Signature _____

Account # _____ - _____ - _____ Exp. Date ____ / ____

----- CHECKING ACCOUNT PAYMENT OPTION -----

___ My personal checking account information *or* ___ Personal check enclosed

Name _____ Signature _____

Account # _____ ABA Routing # (9 digits) _____

Employer _____ Occupation _____

NCCA-PAC is a separate, segregated fund established by the NCCA. Voluntary contributions by individuals to the NCCA-PAC must be written on personal checks or personal credit cards. Donations to the NCCA-PAC are not tax deductible. Your decision to contribute, or not to, will not result in advantage or disadvantage in your relationship with the NCCA or NCCA-PAC. State law requires that PAC's use best efforts to obtain and report the name, mailing address, occupation and employer of each individual who contributes more than \$50 in a calendar year.