



DELPAC CONTRIBUTION FORM

Name _____

Home Address _____

City/State/Zip Code _____

Please fill in the below information if you are not a Medical Society of Delaware member.

Home Address: _____ City: _____ State: _____ Zip: _____

Preferred Telephone: _____ HOME OFFICE CELL E-Mail: _____

Rep. District: _____ Senate District: _____

Member Type(s): M.D. D.O. Specialty: _____ Spouse Resident/Fellow PA Student Other: _____

Membership Levels

Major Donors: President's Circle, Governor's Circle, Secretary's Circle
Sustaining Donor:
Resident/Fellow/Medical Student

Additional contributions: _____

Total contribution amount: _____

If paying by Credit Card, please enter the following information from your PERSONAL credit card:

Visa MasterCard Credit Card #: _____

Expiration Date: _____ CC Code: _____ (last 3 numbers on back of card)

Name as it appears on Card: _____

Signature of Cardholder: _____

Billing Address: _____

(if different than mailing address)

Please send the completed form with your PERSONAL credit card information either by mail to: PO Box 8155, Newark, DE 19714; or by fax to (302) 366-1354. If paying by check, please enter your PERSONAL check number here -- Check # _____ -- and send this completed form along with your PERSONAL check made payable to DELPAC by mail to: PO Box 8155, Newark, DE 19714.

If you have any questions, please contact Molly Williams, Finance Coordinator, (302) 444-6974.

* Contributions to DELPAC are not deductible for federal income tax purposes. Voluntary political contributions by individuals to DELPAC should be written on personal checks. Funds from corporations will be used for political education activities and/or state election activities where allowed. Contributions are not limited to suggested amounts. The Medical Society of Delaware will neither favor nor disadvantage anyone based upon the amounts of or failure to make PAC contributions. Voluntary political contributions are subject to limitations of FEC regulations.