### *GOPAC Contribution Form*

**Your gift in any amount is greatly appreciated.**

**Please consider a gift of $500, which amounts to only $1.37 a day to help us fulfill the mission of promoting and advocating for quality medical care for women.**

**Option 1:**

Enclosed is my GOPAC contribution **check** of - \_\_\_\_\_ $500

­\_\_\_\_\_ $250

\_\_\_\_\_ $100

\_\_\_\_\_ Other: $

**Option 2:**

Please charge my **credit card** account for my contribution of - \_\_\_\_\_ $500

­\_\_\_\_\_ $250

\_\_\_\_\_ $100

\_\_\_\_\_ Other: $

**Option 3:**

Please draft my **credit card** account **monthly** in the amount of: $

My contribution is being made by:

\_\_\_\_\_ Personal Check

\_\_\_\_\_ Personal Credit Card

Card: \_\_\_\_ MasterCard, \_\_\_\_ Visa

Account #:

Exp. Date: \_\_\_\_\_\_\_ \_

3 Digit Security Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name:

Address:

City/State/Zip:

Phone: Fax:

Email:

Return payment to: GOPAC

PO Box 27167

Raleigh, NC 27611

Voluntary contributions to GOPAC are not limited to the suggested amount and should be submitted on a **personal check** or may be made by **personal credit card**. Funds from corporations cannot be used for contributions and expenditures in either federal or state elections. Voluntary political contributions are subject to the limitations of Federal Election Commission regulations. Contributions to GOPAC are not deductible as charitable contributions for Federal Income Tax Purposes.

NC law requires political committees to report the name, mailing address, job title or profession and name of employer or employer’s specific field for each individual whose contributions aggregate is in excess of $100 in an election cycle.

***Thank you for your support of GOPAC!***