NC Association of Health Underwriters Political Action Committee PO Box 38905, Greensboro, NC 27438

ncpac@ncahu.org

NCPAC Personal Contribution Form

First Name	Midd	le Initial	Last Name	
Occupation	Employer			
Street Address				
City, State, ZIP		Work Phone	Cell Phone	Fax Number
Email			Local Chapter	
Amount Cash *Payment must be by "Persor	Check		r not permitted.	
Credit Card Option I request and authorize the Ne Committee to charge my cred Check here for a one-time Check her to set up a "Recu Charge my debit/credit card \$ Type of credit card account: C	lit card. charge in the am urring Charge" (N 5	iount of \$ Minimum Amour 	nt of \$10)	olitical Action
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Credit Card Number:				
Security Code:	Expira	ation Date:		
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