

GAMPAC MEMBERSHIP

GEORGIA MEDICAL POLITICAL ACTION COMMITTEE



Name _____

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*State campaign disclosure laws require that GAMPAC collect this information. Contributions to GAMPAC are not deductible for federal income tax purposes.

Please indicate level of giving:

- "Chairman's Circle" Member
Minimum \$2500 contribution
- "Capitol Club" Member
Minimum \$1000 contribution
- General Membership
Minimum \$250 contribution
- Student Membership
Minimum \$15 contribution
- Corporate Membership
Minimum \$5000 contribution

Payment Options: Check Credit Card

For the purpose of making a contribution to GAMPAC,
I authorize GAMPAC to charge my credit card.

Visa MasterCard American Express

Credit Card # _____ Exp. Date _____

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Please make check payable to GAMPAC and send to Medical Association of Georgia – Attn: Lockbox Dept. • P.O. Box # 105774 • Atlanta, GA 30348