

WPT-PAC Contribution Form

Date: _____

Payment Method:

- CASH (aggregate contributions \$80 and higher must be made by check or credit card)
- CHECK payable to WPT-PAC
- CREDIT CARD
 - one time payment in full \$ _____
 - charge my credit card \$ _____ per month for _____ months

Signature (for one time or monthly charge to credit card)

Contribution Levels and Monthly Contribution Guideline:

Grass Roots	\$35-119 (\$3 - \$9 per month)
Cascades	\$120-299 (\$10 - \$24 per month)
Mt. St. Helens	\$300-549 (\$25 - \$49 per month)
Mt. Rainier	\$600 + (\$50 + per month)

Name (as it appears on credit card) _____

Credit Card Type: MC/Visa Exp. Date _____

Card Number _____

Billing Address _____

City/State/Zip _____

Please provide us with the following information, which we are required to collect to comply with Washington state election law:

Contributor Address (if different from billing address) _____

For aggregate contributions greater than \$100:

Occupation _____

Employer Name _____

Employer's City and State _____

Political contributions are not tax deductible for any purpose.

Send contributions and this form to:

Tracy Johnston
WPT-PAC Treasurer
Apex Physical Therapy
10511 W Aero Rd, Ste 1
Spokane, WA 99224
Fax: (509) 559-5027