



AGENT PAC

INSURANCE AGENTS & BROKERS



☒ I want to support AgentPAC.

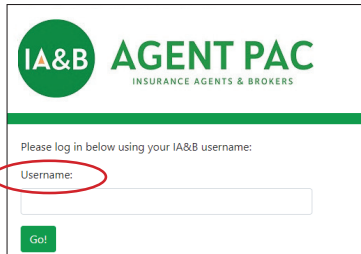
For the easiest way to contribute, scan the code or visit IABforME.com/political_advocacy/



1. Click on the green button to contribute.

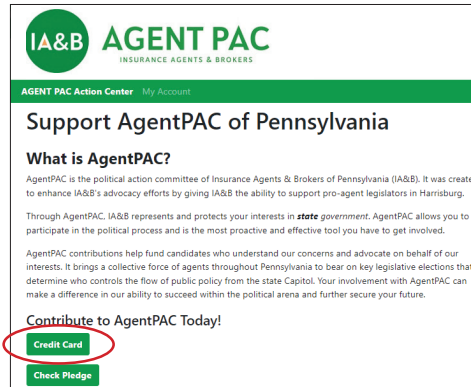


2. Log in using your IABforME.com username.



Note: Default usernames are six digit numbers, but you may have changed it to your name or email.

3. Click the green button to complete your contribution information.



OR, YOU CAN COMPLETE THE FOLLOWING FORM AND RETURN TO: AGENTPAC, 650 WILSON LANE, SUITE 200, MECHANICSBURG, PA 17055.

I want to support AgentPAC with a contribution of: ☐\$1000 ☐\$500 ☐\$365 ☐\$250 ☐\$100 ☐Other \$_____

State Fund: ☐ AgentPAC of Pennsylvania ☐ AgentPAC of Maryland ☐ AgentPAC of Delaware

IMPORTANT NOTES

- ▲ All contributions are voluntary.
- ▲ Pennsylvania law prohibits corporate contributions. Only personal contributions can be accepted.
- ▲ Maryland and Delaware law permits personal and corporate contributions.
- ▲ Contributions are not tax-deductible as charitable contributions for Federal income tax purposes.

Name _____

Home Address _____

City/ST/ZIP _____

Occupation _____

Employer _____

Employer Address _____

City/ST/ZIP _____

Phone (_____) _____

Email _____

Select Payment Option

- ☐ Enclosed is my check. **Made payable to AgentPAC.**
- ☐ Charge my credit card for the total contribution.
- ☐ Charge my credit card quarterly for 1/4 the annual contribution until further notice.

Card Type: ☐Visa ☐MasterCard ☐AmEx **Card Account:** ☐Pers ☐Corp

Credit Card # _____ Exp. ____/____

Billing Address _____

Name of Cardholder (PRINT) _____

Signature of Cardholder _____

If you have questions, contact: John Savant, IA&B Government Relations Director at JohnS@IABforME.com or 800-998-9644, ext. 607

IA&B OFFICE USE ONLY

Date Rec:

Amt:

Ck #:

P A

Date Ent: