



25 Massachusetts Ave. NW, Suite 700
Washington, DC 20001-7401
(800) 338-2746 ext. 4532

Leadership Club	\$1,000 - \$5,000
Capitol Club	\$500 - \$999
Senate Circle	\$250 - \$499
Representatives Roundtable	\$100 - \$249
Congressional Caucus	\$25 - \$99

www.acpservices.org/pac

Yes! I wish to contribute

\$1,000 \$500 \$250 \$100 \$50 Other _____

Want to contribute monthly or quarterly? Please contribute online.

Name _____

Address (H / W) _____

City, ST _____ ZIP _____

Federal law requires us to use our best efforts to collect and report the name, address, occupation, and employer of individuals whose contributions exceed \$200 per calendar year.

Employer _____ Occupation _____

CHECK ONE

- Contact me later for a contribution Personal credit card
- Personal check to **ACP SERVICES PAC** Online at www.acpservices.org/pac

CREDIT CARD

- VISA Mastercard American Express Discover

Name on card _____

CC No. _____

Exp. _____ Security code _____

Billing Addr (if different) _____

Signature _____

E-mail _____

ACP Services PAC can only accept **personal** checks, and **personal** credit cards. No corporate contributions may be accepted. Contributions to ACP Services PAC are strictly voluntary and you have the right to refuse to contribute without any reprisal. Under federal law, ACP Services PAC may only accept contributions from U.S. citizens and individuals admitted for permanent residence in the U.S. (green card holders).



25 Massachusetts Ave. NW, Suite 700
Washington, DC 20001-7401
(800) 338-2746 ext. 4532

Leadership Club	\$1,000 - \$5,000
Capitol Club	\$500 - \$999
Senate Circle	\$250 - \$499
Representatives Roundtable	\$100 - \$249
Congressional Caucus	\$25 - \$99

www.acpservices.org/pac

Yes! I wish to contribute

\$1,000 \$500 \$250 \$100 \$50 Other _____

Want to contribute monthly or quarterly? Please contribute online.

Name _____

Address (H / W) _____

City, ST _____ ZIP _____

Federal law requires us to use our best efforts to collect and report the name, address, occupation, and employer of individuals whose contributions exceed \$200 per calendar year.

Employer _____ Occupation _____

CHECK ONE

- Contact me later for a contribution Personal credit card
- Personal check to **ACP SERVICES PAC** Online at www.acpservices.org/pac

CREDIT CARD

- VISA Mastercard American Express Discover

Name on card _____

CC No. _____

Exp. _____ Security code _____

Billing Addr (if different) _____

Signature _____

E-mail _____

ACP Services PAC can only accept **personal** checks, and **personal** credit cards. No corporate contributions may be accepted. Contributions to ACP Services PAC are strictly voluntary and you have the right to refuse to contribute without any reprisal. Under federal law, ACP Services PAC may only accept contributions from U.S. citizens and individuals admitted for permanent residence in the U.S. (green card holders).