




 PENNSYLVANIA  
*society of*  
 ANESTHESIOLOGISTS

## Z-PAC Check Authorization

State law prohibits corporate contributions. Please send your personal or partnership contribution.

Name \_\_\_\_\_

Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Email \_\_\_\_\_

- |                                 |                                   |                                                     |
|---------------------------------|-----------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> \$25*  | <input type="checkbox"/> \$500*   | <input type="checkbox"/> \$_____ other contribution |
| <input type="checkbox"/> \$50*  | <input type="checkbox"/> \$1,000* | <input type="checkbox"/> Please bill my credit card |
| <input type="checkbox"/> \$100* | <input type="checkbox"/> \$2,000* |                                                     |
| <input type="checkbox"/> \$250* | <input type="checkbox"/> \$2,600* |                                                     |

I authorize the following \$\_\_\_\_\_ \* charge monthly, quarterly, or annually (circle one)

**\*NOTE: Pennsylvania election law requires employer name and address information for any contribution of \$250 or larger:**

Employer Name \_\_\_\_\_

Address \_\_\_\_\_

**Mail to:**

Z-PAC

PO Box 325

Media, PA 19063

Call PSA Hotline: 800-822-6789

Contributions are not deductible for income tax purposes. Participation in Z-PAC is voluntary.