**PAC AUTOMATIC CONTRIBUTIONS**

|  |
| --- |
| NAME: |
| ORGANIZATION: |
| DATE: |
| START DATE FOR PERSONAL CONTRIBUTION: |
| MONTHLY OR QUARTERLY CONTRIBUTION: | MONTHLY❒ | QUARTERLY❒ |
| # OF MONTHS/QUARTERS FOR CONTRIBUTION: |  |  |
| AMOUNT OF MONTHLY/QUARTERLY CONTRIBUTION: | $ | $ |
| CREDIT CARD TYPE: | MASTERCARD❒ | VISA❒ |
| CREDIT CARD NUMBER: |  |
| CREDIT CARD EXPIRATION DATE: |  |
| NAME ON CREDIT CARD: |  |
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Please submit this form to Craig Syata (csyata@iowaproviders.org).

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