**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: | |  | |
| BILLING ADDRESS FOR CREDIT CARD: | |  | |
|  |  | | |
| 3-DIGIT SECURITY CODE ON CREDIT CARD: | |  | |

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Please submit this form to Craig Syata ([csyata@iowaproviders.org](mailto:csyata@iowaproviders.org)).

We appreciate your donation!