



Pennsylvania Psychiatric Society's PaPS-PAC

Contributions are not deductible for income tax purposes.

Participation in PaPS-PAC is voluntary.

Name:

Address:

Email:

Phone: ()

Amount \$

Check One: Personal (**not corporate**) check payable to PaPS PAC (enclosed)

Visa (Personal)

MasterCard (Personal)

Discover (Personal)

American Express (Personal)

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.**

Credit Card Number:

Expiration Date:

CVV # (3-digits on back of card)

Name as it appears on card:

Mailing Address for card:

Signature:

Please complete and mail this form to:

Pennsylvania Psychiatric Society PAC

400 Winding Creek Blvd

Mechanicsburg, PA 17050