

Yes I will support HIAPAC!
I believe in a market based healthcare system.



Please Enroll Me in Monthly Automatic Deduction from my Debit/Credit Card:

| President's Club | | | Capital Club | | | |
|-------------------------------|-------------------------------|-------------------------------|-------------------------------|-------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> \$10 | <input type="checkbox"/> \$15 | <input type="checkbox"/> \$20 | <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> Other _____ |

I would like to make a one time contribution:

| | | President's Club | Capital Club | | | |
|-------------------------------|-------------------------------|--------------------------------|--------------------------------|--------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$100 | <input type="checkbox"/> \$300 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1000 | <input type="checkbox"/> Other _____ |

Please send this completed form to:

Josh Nace, Treasurer
HIAPAC
936 North 34th St. Suite 208
Seattle, Washington 98103

Or fax to:

206.788.3411

Public Disclosure Commission regulations require the following:

| | |
|-----------------------------|------|
| Name: | |
| Address: | |
| City, State, Zip: | |
| Phone: | Fax: |
| Email: | |
| Occupation: | |
| Employer Name*: | |
| Employer Address*: | |
| Employer City, State, Zip*: | |

*This is required information unless you are self-employed. If you are self-employed, check here:

Credit Card Information

| | |
|---|--|
| <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express | |
| Credit Card#: | |
| Expiration Date: | 3-digit Security Code on Back of Card: |
| Name on Card: | |
| Billing Address (if different then above): | |
| Billing City, State, Zip: | |

If you are making a one time-donation and wish to do this with a check, make it payable to: HIAPAC.
Recurring Charges will be charged to account on or around the 5th of the month.

Since these funds are used for Washington State elections, checks can either be from companies or individuals. Contributions are not deductible for income tax purposes. Questions? You can contact Josh Nace at 206.788-3410 or via email at jnace@dentalhealthservices.com.