



ASPPA[®] PAC

OPENS THE DOOR

Enroll me as part of the ASPPA PAC team!

Amount of contribution: \$ _____

Suggested Contribution Levels (contributions and pledges to contribute in 2010)

- | | | | |
|--|---------|---|---------|
| <input type="checkbox"/> Presidents Club | \$5,000 | <input type="checkbox"/> Founders Club | \$1,000 |
| <input type="checkbox"/> Executives Club | \$2,500 | <input type="checkbox"/> Leaders Circle | \$ 500 |

Pledge

I pledge \$ _____
to be paid in _____ (designated year).

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail: _____

Company: _____

Occupation: _____

Payment Method

- Personal check enclosed (*payable to "ASPPA PAC"*)
- Personal credit card:
- Visa Mastercard Amex

Name on card: _____

Account No: _____

Exp. Date: _____

Signature: _____

Questions & Feedback

E-mail
pac@asppa.org

US Mail
ASPPA PAC
4245 North Fairfax Drive, Suite 750
Arlington, VA 22203

Fax
703.516.9308