SC Academy of Family Physicians

FAMILY DOC PAC

Empowering Family Medicine in South Carolina

CONTRIBUTION FORM

Personal Information ***(* required to meet state reporting laws)***

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Membership Levels

☐ Diamond	$1,000	☐ Bronze	$50
☐ Platinum	$ 500	☐ Resident	$30
☐ Gold	$ 250	☐ Student	$15
☐ Silver	$ 125		

□ ***Please bill me on a quarterly basis for my PAC contribution***
□ ***Please bill me annually for my PAC contribution***

Signature ______________________________

I am aware of the political purposes of FamilyDoc PAC, understand that contributions to FamilyDoc PAC are purely voluntary and that these suggested contribution amounts are only guidelines. I further understand that I will not be favored or disadvantaged by reason of the amount of my contribution or a decision not to contribute. Contributions are not tax deductible.

- Total contributions for the calendar year cannot exceed $3,500.00
- Individual contributions only (corporate contributions are prohibited) – *personal checks only*
- Please make check payable to "SCAFP Family Doc PAC"

Please return this completed form, along with your contribution to:

SCAFP Family Doc PAC
PO Box 312
Laurens, SC 29360