

SCAFP FamilyDoc PAC

Contribution Form

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

Circle one if applicable

Name* _____ MD / DO

Street Address* _____

City* _____ State _____ Zip _____

Phone* _____

Fax _____ Email _____

Occupation* _____

Employer _____

Membership Levels

- | | | | |
|-----------------------------------|---------|-----------------------------------|-------|
| <input type="checkbox"/> Diamond | \$1,000 | <input type="checkbox"/> Bronze | \$ 50 |
| <input type="checkbox"/> Platinum | \$ 500 | <input type="checkbox"/> Resident | \$ 30 |
| <input type="checkbox"/> Gold | \$ 250 | <input type="checkbox"/> Student | \$ 15 |
| <input type="checkbox"/> Silver | \$ 125 | | |

- Contributions are not tax deductible
- Total contributions for the calendar year cannot exceed \$3500.00
- Individual contributions only (corporate contributions are prohibited)
- Please make check payable to "SCAFP Family Doc PAC"

Mail this form with your check to:

SCAFP Family Doc PAC

P.O. Box 312

Laurens, SC 29360

Questions?

Please contact Paquita Turner,
SCAFP EVP at 1-800-242-7237
or scafp@prtncnet.com