



**California Association of Health Underwriters
 Political Action Committee
 P.O. Box 1071
 Fresno, California 93714
 FPPC # 892177**

CAHU PAC DONOR COMMITMENT FORM

LAST NAME **FIRST NAME** **MIDDLE** **DESIGNATIONS**

OCCUPATION (required for FPPC reporting purposes)

EMPLOYER (if self employed, name of business; required for FPPC reporting purposes)

ADDRESS (use home address for personal accounts; business address for business accounts)

CITY, STATE, ZIP **PHONE** **FAX**

EMAIL **HOME ZIP** (for grassroots political action)

LOCAL CHAPTER: _____

PRECIOUS GEM STONE CONTRIBUTION LEVELS

Levels	Annual	Monthly Minimum	Diamond Levels	Annual	Monthly Minimum
Ruby	\$250 - \$499	\$21/month	One Star	\$1,000 - \$1,999	\$85/month
Emerald	\$500 - \$719	\$42/month	Two Star	\$2,000 - \$2,999	\$170/month
Sapphire	\$720 - \$999	\$60/month	Three Star	\$3,000 - \$3,999	\$250/month
			Four Star	\$4,000 - \$5,599	\$340/month
			Five Star	\$5,600	\$465/month

NOTE: POLITICAL CONTRIBUTIONS ARE REPORTED TO THE FPPC AND YOUR NAME, AS A CONTRIBUTOR, WILL BE A MATTER OF PUBLIC RECORD.

PAYMENT METHOD

Payment Method	Card or Account #	Expiration Date	Monthly Amount	One-Time Contribution
Visa/Mastercard			\$ _____	\$ _____
AMEX			\$ _____	\$ _____
Autochecking withdrawal			\$ _____	\$ _____

Bank Draft / Credit Card Authorization

I (we) hereby authorize the CAHU PAC to initiate debt entries to my (our) checking account. Monthly or one-time debits will be made as shown above. **PLEASE ATTACH A VOIDED CHECK.**

Signed: _____ **Date:** _____

Return this Donor Commitment Form to:
CAHU PAC, P.O. Box 1071, Fresno, CA 93714, or FAX to (559) 227-1463.

For questions or more information, call the CAHU PAC at (800) 322-5934.