



Recurring Contribution Form

Per FEC guidelines, only members of the NATA are allowed to contribute to NATAPAC

Please complete the following information:

Name _____

Address _____

City/State/Zip _____

Telephone () _____ Fax () _____

Email _____

Employment Information:

Employer _____

Occupation: _____

To comply with Federal law, we must use our best efforts to obtain, maintain and submit the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in aggregate per calendar year.

Contribution Information:

Amount: (Please choose below)

\$50 \$100 \$150 Other: _____

Recurring Contribution: Yes or No

I would like this contribution to automatically recur:

____ Monthly ____ Weekly ____ Every 2 Weeks ____ Every 4 Weeks

Method of Payment:

____ Mastercard ____ Visa ____ AMEX ____ Discover

____ Check Enclosed

Payment Information:

Name on Card _____

Card Number _____

Exp. Date _____

Signature _____

Confirm Eligibility:

____ I confirm that the following statements are true and accurate:

- Yes, I understand that my contribution to the National Athletic Trainers' Association Political Action Committee is strictly voluntary and that I have a right to refuse to contribute without reprisal. PAC funds will be used for political purposes and contributions will be made to candidates for federal office.

- I understand that my contribution is not tax-deductible as a charitable contribution for federal state tax purposes.

- I certify that I am legally eligible to contribute to NATAPAC, and that I am a U.S. Citizen and am not a federal contractor.

- I certify that this contribution is from my personal account and not a corporate account.