

**Missouri Academy of Physician Assistants (MOAPA)
Political Action Committee (PAC) Contribution Form**

Yes, I support MOAPA's PAC in its efforts to develop influential relationships with legislators in order to promote and protect Physician Assistants' legislative goals. I want to show my support by signing up for the "Dollar a Day Program." I authorize MOAPA PAC to automatically withdraw the funds from my checking or savings account. The amount I wish to have deducted each month is:

\$30 \$20 \$15 \$10 Other \$_____

I wish for my monthly deduction to stop after one full year

I wish for my monthly deduction to be continuous until I choose to stop it

Yes, I support MOAPA's PAC in its efforts to develop influential relationships with legislators in order to promote and protect Physician Assistants' legislative goals. I wish to make a one-time donation to MOAPA PAC in the amount of:

\$360 \$130 \$65 \$30 Other \$ _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

For automatic withdraw from checking or savings, please fill out section below. Please also attach a Void Blank Check.

Bank Name: _____ Routing Number: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Checking Account Number _____

Savings Account Number _____

Signature: _____ Date: _____

Please send form to:
Rita Fague, CPA
MOAPA PAC
P.O. Box 1865
Jefferson City, MO 65102