WPT-PAC Contribution Form

Date: ______________

Payment Method:
☐ CASH (aggregate contributions $80 and higher must be made by check or credit card)
☐ CHECK payable to WPT-PAC
☐ CREDIT CARD
   ☐ one time payment in full $____________________
   ☐ charge my credit card $___________ per month for _________ months

Signature (for one time or monthly charge to credit card)
______________________________________________________________________________

Contribution Levels and Monthly Contribution Guideline:
   Grass Roots $35-119 ($3 - $9 per month)
   Cascades $120-299 ($10 - $24 per month)
   Mt. St. Helens $300-549 ($25 -$49 per month)
   Mt. Rainier $600 + ($50 + per month)

Name (as it appears on credit card) _______________________________________________
Credit Card Type: MC/Visa    Exp. Date _______________________________________
Card Number _________________________________________________________________
Billing Address ________________________________________________________________
City/State/Zip ________________________________________________________________

Please provide us with the following information, which we are required to collect to comply with Washington state election law:
Contributor Address (if different from billing address) ________________________________
______________________________________________________________________________

For aggregate contributions greater than $100:
Occupation ___________________________________________________________________
Employer Name _______________________________________________________________
Employer’s City and State _______________________________________________________

Political contributions are not tax deductible for any purpose.

Send contributions and this form to:
    Tracy Johnston
    WPT-PAC Treasurer
    Apex Physical Therapy
    10511 W Aero Rd, Ste 1
    Spokane, WA 99224
    Fax: (509) 559-5027