

CAAPAC Practice Authorization

*Support the Cardiology Advocacy Alliance Political Action Committee (CAAPAC)
to assist key Members of Congress who believe in our goals.*

Due to the volume of issues facing Congress and the importance of assisting members who support the mission of CAA, we suggest that each physician and administrator leader contribute \$100 to CAAPAC. The most efficient method for your group to collect CAAPAC contributions is to set up a one-time, after tax payroll deduction. Each participant must sign an authorization for PAC contributions. For your convenience, please find a sample authorization form attached. Your accounting department then can write a single check listing the names and addresses of all contributors or collect individual checks. Checks should be sent to Erin Poirier at 2050 Kings Circle South, Neptune Beach Florida 32266. For questions you can email Erin at epoirier@medaxiom.com or call 904-372-2185.

CAAPAC may only accept contributions from physician and administrator leaders of CAA member medical practices.

Please fax this form to CAAPAC at 904-372-2995 PRIOR to distributing any solicitation materials or collecting any funds.

Practice Name _____

Authorizing Person _____

Title _____

Company Address _____

Phone _____

Annual Solicitation Authorization

I, the undersigned, authorize CAAPAC to solicit voluntary, personal contributions from our medical practice's physicians and administrative personnel for the calendar year designated below. I understand that the practice may only authorize one trade association Political Action Committee per calendar year to engage in such solicitations where the practice is the trade association member (unlike where the individual is the trade association member). PAC contributions are not tax deductible. Physicians and administrative personnel may refuse to contribute to CAAPAC without any reprisal by CAA or the medical practice.

2014

Signature

Date

Payroll Deduction Authorization/PAC Contribution Form for the Cardiology Advocacy Alliance Political Action Committee

Cardiology Advocacy Alliance (CAA) member practices should keep this form on file for three years following any CAAPAC contribution. Please include a copy of this form with any contributions sent to CAA. *CAAPAC may only accept contributions from physician and administrator leaders of CAA member medical practices.*

Please make checks payable to “CAAPAC” and mail to Erin Poirier at 2050 Kings Circle South, Neptune Beach Florida 32266.

Please choose from one of the following options:

- I authorize _____ to deduct a one-time payroll deduction of \$100 (if more or less, please indicate the different amount here \$_____) for a contribution to the Cardiology Advocacy Alliance Political Action Committee. I understand that this contribution to a Political Action Committee is not tax-deductible. Also, I attest that this contribution is voluntary.

- I authorize _____ to deduct a per-pay-period payroll deduction of \$_____ commencing the next pay period and for the remainder of the year _____ for a contribution to the Cardiology Advocacy Alliance Political Action Committee. I understand that I may unauthorize this payroll deduction at any time during the year. I also understand that this contribution to a Political Action Committee is not tax-deductible. Additionally, I attest that this contribution is voluntary.

- My personal check of \$100 (if more or less, please indicate the different amount here \$_____) is attached to this form as a contribution to the Cardiology Advocacy Alliance Political Action Committee. I understand that this contribution to a Political Action Committee is not tax-deductible. Also, I attest that this contribution is voluntary.

- I do not wish to contribute to the Cardiology Advocacy Alliance Political Action Committee. I understand that I have the right to refuse to contribute to CAAPAC without any reprisal by CAA or the medical practice.

Signature

Date

Print Full Name (with initial)

Check one: Physician Administrative Staff