

GIVE TO IFAPAC!!!

Three Easy Ways to Contribute to IFAPAC – Bank Draft, Check or Credit Card

<u>Contribution Level</u>	<u>Annual Contribution</u>	<u>Monthly Bank Draft</u>
Investor	\$50 to \$99	\$5.00/month (Minimum for bank draft)
Century	\$100 to \$199	\$8.50/month
Ambassador	\$200 to \$299	\$17.00/month
Statesman	\$300 to \$499	\$25.00/month
Envoy	\$500 to \$999	\$42.00/month
Diplomat	\$1,000 to \$2,499	\$84.00/month
Emissary	\$2,500 to \$4,999	\$210.00/month
Capitol	\$5,000	\$416.00/month

Name _____ NAIFA Member # or SS# _____

Company _____

Address _____

City _____ State _____ Zip _____

I would like to make my contribution in one annual amount:

Enclosed is my person check for \$ _____ Party Choice:
 Democrat Republican Either

Please charge my personal Visa Mastercard American Express

Account # _____ Expiration Date _____

For a single, annual amount of \$ _____ Signature _____
(Please note, we cannot charge credit cards monthly)

I currently give on bank draft. Please increase my monthly contribution to \$ _____

I would like to enroll in the monthly bank draft plan. Enclosed is my check for the first month's payment. I have completed the information requested below.

MONTHLY BANK DRAFT AUTHORIZATION

I hereby authorize IFAPAC to withdraw from my account the amount specified below every month. This authorization will remain in effect until revoked by me in writing and, until IFAPAC receives such notice, I agree that IFAPAC shall be fully protected in honoring such withdrawals. In consideration of IFAPAC's compliance with such request and authorization, I agree that IFAPAC's treatment of each such check and IFAPAC's rights in respect to it, shall be the same as if it were signed personally by me and that if any such check be dishonored, IFAPAC shall be under no liability whatsoever even though such dishonor results in the forfeiture of IFAPAC membership.

1.) Name of depositor as shown on bank records _____

2.) Account number _____

3.) Name of bank and address of bank branch where account is maintained.

4.) Amount of draft per month \$ _____

5.) Signature of depositor as shown on bank records

X _____ Date _____

X (if joint) _____

When signing up for bank draft, remember to enclose a voided check!!

Return form & contributions to: IFAPAC, 2901 Telestar Court, Falls Church, VA 22042 or fax bank draft applications or credit card contribution to 703-770-8151. Club types listed above are merely suggested amounts. **Contributions to IFAPAC are voluntary and are not deductible for federal income tax purposes. Corporate contributions are prohibited.**