POLITICAL ACTION COMMITTEE
CONTRIBUTION FORM

Contact Information:
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Donation Amount:
☐ $500  ☐ $365  ☐ $200  ☐ $60  ☐ Other $____________________

Method of Payment:
☐ Personal Check payable to WI Emergency Medicine PAC
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Please return this form with your credit card payment or personal check to:

Wisconsin Emergency Medicine PAC
c/o WACEP
563 Carter Ct, Ste B
Kimberly, WI 54136
Phone: 920-750-7725; Fax: 920-882-3655

**State law prohibits corporate contributions to a PAC**