



Contribution Form

Name: _____

Title: _____

Company: _____

Address: _____

Yes, I support ICBPAC!

Payroll Deduction

I authorize payroll deduction from my employer for my ICBPAC contribution. My total annual contribution (indicated below) will be divided among each paycheck I receive.

\$100 _____ \$75 _____ \$50 _____ \$25 _____
\$10 _____ \$5 _____ Other \$ _____

OR Please deduct \$ _____/pay period

Signature: _____ Date: _____

Payroll deductions will continue until written notice is given to your employer. You may revoke your authorization without reprisal at any time. For more information regarding payroll deduction, please contact ICBPAC Staff at (800) 42218439.

Credit Card

Please charge my personal credit card: Visa MasterCard Amount: \$ _____

Number: _____ Exp. _____/_____

Name as it appears on card: _____

Signature: _____

Check

I have enclosed a personal check made out to "ICBPAC" in the amount of \$ _____.

ICBPAC contributions are not tax deductible as charitable contributions for federal income tax purposes. Federal Law requires political committees to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. All contributions to ICBPAC are voluntary. You may refuse to contribute without reprisal.

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