

Payment options

- Bill my credit card.
- My check is enclosed, payable to Friends of Indiana Hospitals PAC.

Or make an online donation at
IHAconnect.org/Advocacy/Friends

Credit Card Information:

Name on card _____

Credit card number _____

Expiration date _____

Security code _____

Billing address _____

City _____

State, Zip _____

Signature _____

Contributions or gifts to the AHAPAC are not tax deductible. Your contribution is important to us, but we want to emphasize that all contributions are voluntary and have no impact on your job status, performance review, compensation or employment. The purpose of AHAPAC is political; you have the right to refuse to contribute without reprisal. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year (January-December).

I have been informed of the political purpose of the Friends of Indiana Hospitals PAC; my contribution is voluntary. I have also been informed of my right to refuse to contribute without reprisal.

Signature required

X _____

Paid for and authorized by
Friends of Indiana Hospitals Political Action Committee

Join your peers in
shaping health policy
by making a financial
contribution to Friends.

Learn more about Friends at
IHAconnect.org/PAC

 **Friends of
Indiana Hospitals**

500 N. Meridian Street, Suite 250
Indianapolis, IN 46204
317-633-4870

You have
the power
to create
real change.

 **Friends of
Indiana Hospitals**

The Friends of Indiana Hospitals Political Action Committee (Friends) works to improve health care in Indiana – by helping to elect pro-hospital policymakers who can affect change for and protect the interests of patients and health care institutions across Indiana.

The PAC is vital to advancing sound health policy and defending against harmful legislation.

By contributing to Friends and taking action in grassroots advocacy, you are playing a proactive role in advancing our collective mission to improve the health of Indiana.

MAKE YOUR DONATION TODAY,
AND MAKE A DIFFERENCE FOR HOOSIERS.



ADVOCATE
for positive health policy



IMPACT
health care legislation



JOIN
a network of hospital advocates



INVEST
in stronger hospitals and improved health for all Hoosiers

Enclosed is my personal contribution

- \$1,000 Ben Franklin Club
- \$500 Chairman's Circle
- \$350 Capitol Club
- \$150 Helen H. Barrett Club
- Other \$ _____

Fifty percent of all contributions from eligible club-level donors (\$150 and above) will go to support the American Hospital Association's federal PAC, AHAPAC, unless you opt out below:

- I do not wish to have a portion of my contribution given to support the AHAPAC.

Date _____

Name _____

Employer _____

Title _____

Hospital Affiliation _____

Home Address _____

City _____

State _____

Zip _____

Phone _____

Email _____

Are you a hospital employee, salaried physician, or compensated trustee?

- Yes
- No

