



### Recognition for Your Donation and Leadership!

Show your PAC Leadership by getting others to donate as well! Those who give a donation of \$100 or more – and encourage a colleague to do the same – will get a special *Thank You* in our weekly newsletter, *The Situation Report*. Use the box at the bottom left of this form to identify someone who encouraged you to donate, so we can recognize him or her.



## Have You Donated Yet?

It's never too late to show your support for HCA's PAC. If you haven't donated yet, we've made it easy with 2 convenient ways to show your support:

- 1** Donate Online: Go to HCA's website at [www.hca-nys.org/advocacy-pac/pac](http://www.hca-nys.org/advocacy-pac/pac) and donate through the secure PayPal system. You can make a one-time donation or a recurring donation to show your continued support throughout the year.
- 2** Credit Card or Check Donations: Simply complete the form below and fax it to the number at the bottom of the form, or mail it along with your credit card or check information. (See Payment section for mailing details.)

THANK YOU for your donation!



388 Broadway  
Fourth Floor  
Albany, NY 12207  
518.426.8764 ph  
518.426.8788 fax  
[www.hca-nys.org/advocacy-pac/pac](http://www.hca-nys.org/advocacy-pac/pac)

# HCA PAC Donation Information

\_\_\_\_\_  
NAME

\_\_\_\_\_  
OCCUPATION/TITLE

\_\_\_\_\_  
HOME ADDRESS

\_\_\_\_\_  
CITY/STATE

\_\_\_\_\_  
DAYTIME PHONE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
HOME CARE AGENCY

## CONTRIBUTION

I will contribute to the HCA PAC and provide the following PAC donation:

- \$5,000
- \$2,000
- \$1,000
- \$500
- \$250
- \$100
- \$50
- \$25
- Other \_\_\_\_\_

## PAYMENT

**Online:** Go to [www.hca-nys.org/advocacy-pac/pac](http://www.hca-nys.org/advocacy-pac/pac)

### Checks

Must be made out to: **HCA PAC** and mailed to 388 Broadway, 4<sup>th</sup> Floor, Albany, NY 12207

### Personal Credit Card

Please indicate card:  Visa  MasterCard  AmExp

\_\_\_\_\_  
CARD NUMBER

\_\_\_\_\_  
EXPIRATION DATE

\_\_\_\_\_  
SECURITY CODE


\_\_\_\_\_  
NAME AS IT APPEARS ON CARD

\_\_\_\_\_  
CARD BILLING ADDRESS

\_\_\_\_\_  
CITY, STATE, ZIP

\_\_\_\_\_  
CARDHOLDER'S SIGNATURE

Anonymous contributions are prohibited. However, if you do not want your name to be published in recognition materials, please check this box.

 For special recognition, please let us know if someone encouraged you to donate to HCA's PAC:

Name: \_\_\_\_\_

**Fax completed form to: (518) 426-8788**