

HCA PAC Reception



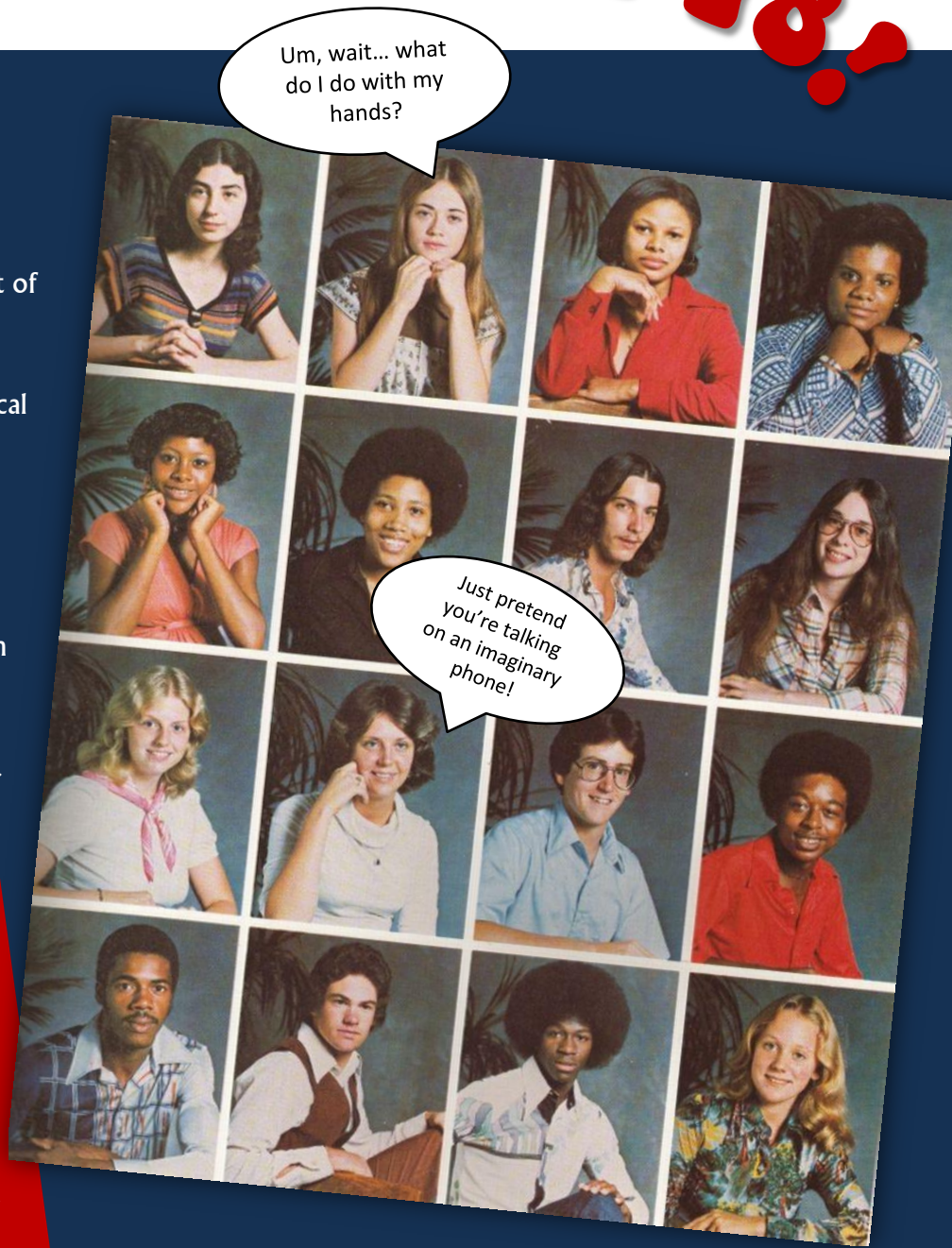
Thursday, May 10th
4:30pm – 6:00pm
Springs Lounge
Saratoga Hilton

Class of 78!

Join us for a 1978 Yearbook Flashback Celebration – the year HCA was born!

HCA's PAC Reception is a highlight of our Annual Conference, offering fun, laughter, drinks, hors d'oeuvres and a chance to make an impact on the political front by contributing to HCA's Political Action Committee! A \$50 donation at the door gets you groovin to the hit songs of 1978!

Simply fax us the completed registration form on the next page. Or you can register while at the conference by stopping by the HCA Registration Desk.



70s Fashion Contest!

Send us your 1970s era yearbook photo (or a favorite 70s-themed photo) and we'll enter it into our "70s Fashion Contest!" Winner(s) will receive a genuine 1978-inspired gift!

Email your digital image by May 1st to jkberbein@hcanys.org

Must be present at the HCA PAC Party to win!

HCA PAC Reception Sponsored by:

TSG FINANCIAL

HEALTHCARE SPECIALTY GROUP

A RISK STRATEGIES COMPANY

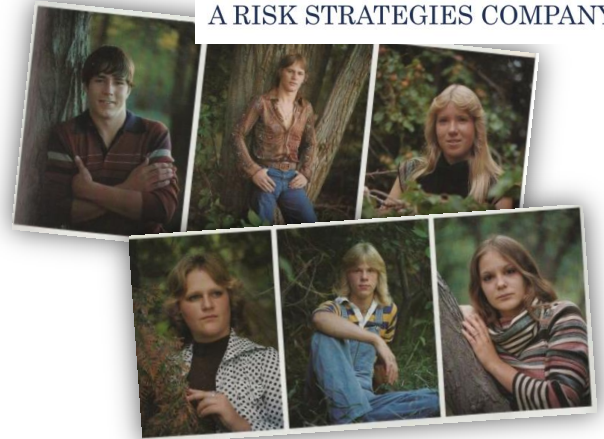
Next Page to Register





HCA PAC

Home Care Association of NYS



HCA's PAC Mission

- To raise funds that can be used to help elect State lawmakers that share the values of New York State's home and community-based care and are committed to preserving and protecting the home care safety net in New York State;
- To elect lawmakers committed to policies that support home care providers in an evolving health care reform delivery system;
- To engage a wide network of individuals who are interested in supporting New York State's home and community-based care by contributing to the HCA PAC;
- To host events that will encourage participation and engagement in political action;
- To enable PAC contributors to attend fundraising events of candidates for public office in New York State;
- To raise the profile of HCA in the political action arena.

HCA PAC DONOR INFORMATION

NAME _____

OCCUPATION/TITLE _____

HOME ADDRESS _____

CITY/STATE/ZIP _____

DAYTIME PHONE _____

EMAIL ADDRESS _____

HOME CARE AGENCY _____

CONTRIBUTION

- I am pre-paying my minimum donation of \$50 (or more) for attending the HCA PAC Reception on May 10th in Saratoga Springs.
- I cannot attend the HCA PAC Reception, but I will contribute the following donation to the HCA PAC:
- \$2,500 \$1,500 \$1,000
 \$500 \$250 \$200
 \$100 \$50 Other _____

PAYMENT

Online: Go to www.hca-nys.org/advocacy-pac/pac

Checks

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

Personal Credit Card

Please indicate card to be charged:

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.

PLEASE FAX COMPLETED FORM TO (518) 426-8788.