



CONTRIBUTION CARD

Levels of Giving:

- Ben Franklin Club • \$1,000**
- Chairman's Circle • \$500**
- Capitol Club • \$350**
- Other _____**

Pay by personal check (Payable to NHA PAC)

Pay by credit card: Visa MasterCard

Credit card #: ____ / ____ / ____ / ____

Name on card: _____

Expiration date: __ / __

Signature: _____

Please check appropriate category (ies):

- Health Care Executive/Administration/Management
- Professional Employee (MD, DO, RN, etc.)
- Hospital Trustee
- Other (specify) _____

Contribution cards and payment must be mailed to:
NHA PAC
3255 Salt Creek Circle, Suite 100
Lincoln, NE 68504-4778

**Do not mail
to NHA's
P.O. Box**



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Contributions to NHA PAC are not tax deductible under IRS rules. Information below is **required** by state and federal campaign finance laws. Please print clearly.

Name _____

Title _____

Home Address _____

City, State, ZIP _____

Home Phone _____

E-mail _____

Full Name of Employer _____

Employer's Phone _____

Hospital/Organization _____

(To receive credit for your donation)

Signature _____

Date _____