



**HEALTH INSURANCE AGENTS**  
POLITICAL ACTION COMMITTEE

**Yes I will support HIAPAC!**

Please Enroll Me in Monthly Automatic Deduction from my Debit/Credit Card:

President's Club			Capital Club			
<input type="checkbox"/> \$10	<input type="checkbox"/> \$15	<input type="checkbox"/> \$20	<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> Other _____

I would like to make a one-time contribution:

	President's Club	Capital Club				
<input type="checkbox"/> \$25	<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$300	<input type="checkbox"/> \$500	<input type="checkbox"/> \$1000	<input type="checkbox"/> Other _____

Please send this completed form to:

Josh Nace, Treasurer  
HIAPAC  
100 West Harrison Street, Suite S440  
Seattle, Washington 98119  
206.788.3411

Or fax to:

Public Disclosure Commission regulations require the following:

Name:	
Address:	
City, State, Zip:	
Phone:	Fax:
Email:	
Occupation:	
Employer Name*:	
Employer Address*:	
Employer City, State, Zip*:	

\*This is required information unless you are self-employed. If you are self-employed, check here:

**Credit Card Information**

<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	
Credit Card#:	
Expiration Date:	Security Code on Back of Card:
Name on Card:	
Billing Address (if different then above):	
Billing City, State, Zip:	

If you are making a one time-donation and wish to do this with a check, make it payable to: HIAPAC. Recurring Charges will be charged to account on or around the 5<sup>th</sup> of the month.

Since these funds are used for Washington State elections, checks can either be from companies or individuals. Contributions are not deductible for income tax purposes. Questions? You can contact Josh Nace at 206.788-3410 or via email at [jnace@dentalhealthservices.com](mailto:jnace@dentalhealthservices.com).