



# CAHU PAC CONTRIBUTOR COMMITMENT FORM

**Donor Type - Check One\***

(\*for required fields)

**Individual Donation**

**Organization Donation (chapter or company)**

Political contributions are reported to the FPPC; contributor name will be a matter of public record. The reported donor is the true source of the funds from which the contribution comes. Please indicate if this contribution is from an organization account or individual account

\*INDIVIDUAL OR ORGANIZATION REPRESENTATIVE LAST NAME      \*FIRST NAME      MIDDLE NAME

\*NAME OF ORGANIZATION

\*INDIVIDUAL DONOR OCCUPATION **Required for FPPC reporting purposes**

\*INDIVIDUAL DONOR EMPLOYER (if self employed, name of business) **Required for FPPC reporting purposes**

\*INDIVIDUAL OR ORGANIZATION BILLING ADDRESS: Street/City/State/ZIP

\*INDIVIDUAL OR ORGANIZATION PHYSICAL ADDRESS (if different from billing address) Street/City/State/ZIP  
**Please provide street address only, no P.O. Box -- required for FPPC reporting purposes.**

INDIVIDUAL OR ORGANIZATION EMAIL      PHONE      LOCAL CHAPTER (if applicable)

## PRECIOUS GEM STONE CONTRIBUTION LEVELS

Levels	Annual	Monthly Minimum	Diamond Levels	Annual	Monthly Minimum
Ruby	\$250 - \$499	\$21/month	One Star	\$1,000 - \$1,999	\$85/month
Emerald	\$500 - \$719	\$42/month	Two Star	\$2,000 - \$2,999	\$170/month
Sapphire	\$720 - \$999	\$60/month	Three Star	\$3,000 - \$3,999	\$250/month
			Four Star	\$4,000 - \$4,999	\$340/month
			Five Star	\$5,000 - \$6,000	\$420/month

## PAYMENT METHOD: (please attach check or select desired method below)

Check Enclosed	Ck # _____	Cash \$ _____	Monthly Amount	One-Time Contribution
Visa/MC/Amex	# _____	Exp. _____	\$ _____	\$ _____
Auto-checking withdrawal	<b>PLEASE ATTACH A VOIDED CHECK</b> \$ _____			

**Bank Draft / Credit Card Authorization:** I (we) hereby authorize the CAHU PAC to initiate debt entries to my (our) checking account and or credit card. Monthly or one-time debits to be made as shown above. *Monthly contributions will continue to be on the 10th of each month until CAHU PAC is notified in writing to cease. I understand that if I should request changes to the amount withdrawn or a cancellation of these charges that it may be 30 days before these changes to become effective.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

### CAHU PAC

c/o Bell, McAndrews & Hiltachk LLP  
 455 Capitol Mall, Suite 600 Sacramento, CA 95814

www.cahupac.org info@cahupac.org

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