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All information must be completed in full by the contributor. No on-file information can be used.

Step One: Tell Us About You			
Name:			Occupation:
			Phone:
			Email:
Step Two: Select Your	· Contribution		
Contribution Level	(annual)	(monthly)	Contribution Frequency
Supporter	\$ 150.00	\$ 10.00	One-Time Contribution (annual amount)
"365 Club"	\$ 365.00	\$ 30.00	Monthly Contribution (recurring)
Congressional	\$ 500.00	\$ 42.00	Monthly amounts will be charged against your credit card
Capitol Club Levels			or bank account each billing cycle.
Gold	\$1000.00	\$ 85.00	<u> </u>
Diamond	\$2000.00	\$ 170.00	☐ Candidate Fund ☐ Administrative Fund
Double Diamond	\$3000.00	\$ 250.00	The National Association of Health Underwriters will not favor nor disadvantage
Triple Diamond	\$5000.00	\$ 415.00	you by reason of the amount of your contribution or your decision to refrain.
Step Three: Provide Yo	our Method of	Payment (payment mu	ist be from personal bank account or credit card)
Credit or Debit Card		AmEx 🔲 Discover	☐ Master ☐ Visa
Card Number:			Expiration Date (mmyy):
Billing Address:			City/State/Zip:
Checking Account			
Bank Routing Number:			Account Number:
<u>Signature</u>			
I authorize HUPAC to in	titiate charges t	to my personal bank accou	nt or credit card as shown above:
Signature:			Date:
Sten Four: Submit Th	is Form		

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Email: hupac@stakeholder.com

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