



OSPA Political Action Committee  
PO Box 55214  
Portland, OR 97238  
503-650-5864

## **OSPA Political Action Committee –Contribution Form**

Thank you for your contribution to the OSPA Political Action Committee.  
Your gift will assist Oregon's PA community in gaining access to our elected officials,  
and strengthening our voice in Salem and Washington, D.C.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Date \_\_\_\_\_

Home Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

*(If this Contribution/Donation is for two persons, then the above information is needed for both)*

Contribution Amount:       \$50.00       \$100.00       \$250.00  
    \$500.00       \$1000.00       \$2500.00

\*\*\*\*\*

Check Attached \_\_\_\_\_ Pay By Credit Card \_\_\_\_\_ Amount To Charge \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature \_\_\_\_\_

**Thank you for your support of the OSPA Political Action Committee!**