



POLITICAL ACTION COMMITTEE

eyePAC Contribution Form

eyePAC is a voluntary, nonpartisan political action committee organized to provide financial assistance to candidates seeking federal office who show strong support for the specialty care physician community—especially the concerns of ophthalmic surgeons and their patients.

Name _____ Practice _____

Address _____

City _____ State _____ Zip Code _____

Email _____ Phone (____) _____

eyePAC Membership Tiers

Presidential Club: \$5,000 contribution—includes a plaque and special recognition at the annual eyePAC reception, admission for 10 to the eyePAC Reception, as well as admission to special, invitation-only events.

Senatorial Club: \$2,500 contribution—includes a membership pin, admission for 8 to the annual eyePAC event, and admission to special, invitation-only events.

Congressional Gold Circle Club: \$1,000 contribution—includes a membership pin, admission for 6 to the annual eyePAC event, and admission to special, invitation-only events.

Congressional Insider Club: \$500 contribution—includes a membership pin and admission for 4 to the annual eyePAC event.

Congressional Silver Club: \$300 contribution—includes a membership pin.

Congressional Bronze Club: \$100 contribution—includes a membership pin.

Young Physician’s Club: \$50 contribution—includes a membership pin.

PAYMENT INFORMATION

Contributions to eyePAC are entirely voluntary and are not tax deductible. Under federal law, you may contribute any amount up to \$5,000 to eyePAC. In accordance with federal law, eyePAC may only solicit contributions from ASCRS members who are citizens or legal residents of the United States. The Federal Election Commission prohibits corporate contributions to eyePAC. ALL EYEPAC CONTRIBUTIONS MUST BE MADE USING PERSONAL FUNDS. Any contributions from corporate accounts will be returned or will be used to offset eyePAC’s administrative and fundraising expenses.

VISA MASTERCARD AMERICAN EXPRESS DISCOVER PERSONAL CHECK (PAYABLE TO EYEPAC)

I would like to contribute \$ _____

CARD NUMBER _____ EXP DATE _____

SIGNATURE _____ NAME ON CARD (please print) _____

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www.ascrs.org

**Mail to: ASCRS, 4000 Legato Road, Suite 700, Fairfax, VA 22033
Fax to: 703-434-3012, ATTN: eyePAC**

THANK YOU FOR YOUR CONTRIBUTION!