

NOSSCR PAC Contribution Information and Form

Please mail forms and checks to Stacy Cloyd, 1025 Connecticut Ave. NW, Suite 709, Washington DC 20036

Email forms to Stacy.Cloyd@nosscr.org, or fax to (202) 457-7773

NOSSCR PAC may accept contributions from its individual members and their immediate family members.

Note that the NOSSCR PAC may **not** accept contributions from corporations, professional corporations, S corporations, or limited liability partnerships or companies taxed as corporations. No check or credit card contribution may be made on the account or credit card of such a business entity.

Contributions **may** be accepted from the following business entities:

1. Partnerships (no portion may be attributed to corporate members or foreign nationals)
2. Limited partnerships
3. Sole proprietorships (as long as not incorporated)
4. Limited liability partnership (as long as not taxed as a corporation)
5. Limited liability company (as long as not taxed as a corporation)
6. Single member limited liability company that does not elect corporate status

To contribute by check, make your check payable to NOSSCR PAC. The check must be drawn on your personal account or on the account of a business entity listed in 1 through 6 above. If paying by check drawn on a partnership or limited liability company account, you must provide the allocations of the contribution among the partners if the contribution is not to be attributed 100% to you. In addition, each partner must provide his/her address, employer and occupation, and check the box to confirm the required information.

To contribute by credit card, you must provide the information required to process your credit card. The credit card may be your personal credit card or the credit card of a business entity listed in 1 through 6 above. If paying using a credit card other than a personal credit card, you must provide the allocation of the contribution among the partners if the contribution is not to be attributed 100% to you.

NOSSCR PAC Contribution Form

I want to be part of the NOSSCR Political Action Committee. Date: _____

Name: _____

Address: _____

City/State: _____

Zip Code: _____ Phone: _____

E-mail (print clearly): _____

Employer: _____

Occupation: _____

I am a current NOSSCR member or immediate family member of a NOSSCR member.

Confirm

Contributions are not tax-deductible as a charitable contribution for federal income tax purposes. Contributions to NOSSCR PAC may be used to support federal and state candidates, political parties and other political committees. Contributions to NOSSCR PAC are strictly voluntary and you have the right to refuse to contribute without reprisal. Any proposed contribution is merely a suggestion, and you are free to contribute more or less than suggested. You will not benefit or be disadvantaged by reason of the amount of your contribution or the decision not to contribute. Federal law requires NOSSCR PAC to use its best efforts to collect and report the name, mailing address, occupation and employer of individuals whose contributions exceed \$200 in a calendar year. You must be a U.S. citizen or lawfully admitted for permanent residence in the U.S. in order to contribute.

To comply with Federal law, please check the box below to confirm the following statements are true and accurate. Your contribution will not be accepted without checking the box.

- This contribution is made from my own funds and not from funds of another, and funds are not being provided to me by another person or entity for the purpose of making this contribution.
- I am not a government contractor.
- I am a U.S. citizen or lawfully admitted for permanent residence in the U.S. (i.e., “green card holder”)
- This contribution is not made with corporate funds.
- If payment is by credit card, this contribution is made on a personal credit card for which I have the legal obligation to pay, or on the credit card of a qualifying entity as described in the instructions to this form.

Confirm

Check Contribution:

Enclosed is my one-time contribution of \$_____ (maximum contribution is \$5,000 per calendar year).

One-time Credit Card Contribution:

I want to make a one-time credit card contribution of \$_____ (maximum contribution is \$5,000 per calendar year).

Recurring Credit Card Contributions:

I want to donate monthly by contributing \$_____ today by credit card (suggested monthly amount is at least \$25 to cover processing fees) and continue contributing this amount monthly for (check one):

_____ (insert number of months) additional months for a total contribution of \$ _____ (maximum contribution is \$5,000 per calendar year).

_____ monthly until cancelled by me.

I understand my credit card will be charged this amount each month.

Confirm

For Recurring and One-Time Credit Card Contributions

Credit card type: _____ (visa, Mastercard, Amex, Discover)

Name on account: _____

(See instructions regarding use of credit cards of certain qualifying business entities)

Card Number: _____

CVV: _____ Expiration date: _____

Signature: _____

Credit card billing information:

_____ same as above.

If different:

Address: _____

City/State: _____

Zip Code: _____