



PAC Fund Donation

Contact Information *Check if the following is new information.*

NAME _____

TITLE _____

COMPANY _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE _____

E-MAIL (req'd.) _____

Acknowledgment

Please include name of CACM PAC donor to be listed on the CACM website, if different than name above:

Donation Information

I would like to contribute the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Presidential \$2,500 | <input type="checkbox"/> Gubernatorial \$1,000 | <input type="checkbox"/> Senatorial \$500 |
| <input type="checkbox"/> Congressional \$100 | <input type="checkbox"/> Capitol \$50 | <input type="checkbox"/> Grassroots \$25 |
| <input type="checkbox"/> Other Amount \$ _____ | | |

Note: CACM PAC Fund donations are not tax deductible.

Payment:

- Check Visa Mastercard American Express Discover Yes, please email a credit card receipt.

TOTAL DONATION: \$ _____

CARD NUMBER: _____ EXP. DATE: _____ BILLING ZIP: _____

CARDHOLDER NAME: _____ AUTHORIZED SIGNATURE: _____

California Association of Community Managers, Inc.SM

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