



The GCA-Political Action Committee invites you to be a member and make a difference!

Our Mission...to protect and promote the Chiropractic Profession in the State of Georgia.

**Your dues:**

- Strengthen Your Practice and our Profession by Promoting Positive Chiropractic Legislation
- Educate Legislators on Chiropractic Issues
- Help elect pro-Chiropractic leaders to the State Legislature
- Support the Profession's Visibility at the State Capitol
- Determine our future

**Join today, don't delay!**

**Support the PAC, Support Chiropractic, and Support your Profession in this State!**

**Membership starts at \$250.00 per year.**

I am happy and proud to support the goals of my profession and to make this investment in chiropractic and my future by becoming a **Member** of the PAC by contributing my "fair share" at the following level:

**Levels of Giving**

<input type="checkbox"/> \$250 per Year/\$21 monthly - Primary	<input type="checkbox"/> \$3,500 per year/\$292 monthly - Ambassador
<input type="checkbox"/> \$500 per year/\$42 monthly - Advocate	<input type="checkbox"/> \$5,000 per year/\$417 monthly - Patron
<input type="checkbox"/> \$1,000 per year/\$84 monthly - President's Circle	<input type="checkbox"/> \$10,000 per year/\$834 monthly - Platinum Leader
<input type="checkbox"/> \$1,912 per year/\$160 monthly - Founder's Club	<input type="checkbox"/> A one-time contribution of \$ _____

**Choose Frequency for above choice: ☐ One Time ☐ Monthly ☐ Annually**

**Payment Type (check one)**

☐ Bank Draft; ☐ Check attached; ☐ Credit Card; ☐ PayPal-use QR Code to right

Utilizing monthly Bank auto-draft allows **all** of your donation to be used for our mission.

Card# \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code\*: \_\_\_\_\_



When using Auto Bank Draft (ACH) *Please attach a voided check for accuracy and indicate whether it's a personal or business account.*

Full Name \_\_\_\_\_

Address associated with account \_\_\_\_\_

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

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_

Please Fax this form to (770) 723-1722 or mail form (with check or payment information) to:

GCA-PAC, 1526 Howell Mill RD NW, Atlanta, GA 30318

Phone (404) 579-8022 [gca.pac@gmail.com](mailto:gca.pac@gmail.com)

Contributions to the GCA-PAC, a 527 Political Organization, are not tax deductible as charitable contributions under the IRS regulations. This authorization will remain in full force and effect until GCA-PAC has received written authorization from me of its termination in such time and in such manner as to afford GCA-PAC a reasonable opportunity to act on it. All debits will occur on the 28<sup>th</sup> of each month. \*The CVV for Visa or MasterCard are the last three digits of the number printed on the signature strip on the back of the card. CVV for American Express appears as a separate 4-digit code printed on the front of your card.