

POLITICAL ACTION FUND CONTRIBUTION FORM

Before making your contribution to the NAW Political Action Fund, please make sure that you are allowed, by law, to contribute: Only U.S. citizens who are executive and administrative personnel of a company that belongs to the National Association of Wholesaler-Distributors (NAW) as a Direct Member, or that belongs to any of the associations that comprise NAW, may contribute. If you are not a member of this "restricted class," stop here. You are not eligible to contribute. If you are eligible, please continue:

Make your personal check payable to NAW-PAC, and mail this completed form and your check (or credit card information) to:

NAW Political Action Committee (NAW-PAC)
1325 G St NW, Suite 1000
Washington, D.C. 20005

NOTE: FEDERAL LAW REQUIRES YOU TO COMPLETE SECTION (1) BELOW BEFORE COMPLETING SECTION (2). YOUR CONTRIBUTION CANNOT BE PROCESSED UNTIL THE COMPANY APPROVAL HAS BEEN RECEIVED BY NAW-PAC.

SECTION (1): Company Approval:

YES! NAW-PAC has my company's approval to solicit voluntary, personal contributions to NAW-PAC's Political Action Fund from the Company's executive and administrative personnel. I understand that our company may grant permission to only one trade association Political Action Committee which supports Federal candidates in any calendar year. FEDERAL LAW REQUIRES POLITICAL COMMITTEES TO REPORT THE NAME, MAILING ADDRESS, OCCUPATION AND NAME OF EMPLOYER FOR EACH INDIVIDUAL WHO'S CONTRIBUTIONS AGGREGATE IN EXCESS OF \$200 IN A CALEDAR YEAR.

Enter today's date to confirm you have read and agree to the Company Approval statement above for the current calendar year and you are authorized to grant company approval:

Today's Date: (Required) _____

Personal Info

Circle one: *First Name: M: *Last Name: *Title:
Mr. _____
Mrs. _____
Ms. _____
Dr. _____

***Function:** (circle one)

- Administration
- Finance
- Government Relations
- Human Resources
- Information Systems
- International
- Legal (In-house Counsel)
- Logistics
- Marketing
- Operations

Personal Info continued

***Email:** _____

***Phone:** _____

Company Direct Line Mobile

***Fax** _____

COMPANY INFO

***Company Name:**

***NAW Direct Member :** (circle one)
Yes No

***Address:**

***City:** _____ ***State:** _____ ***Zip:** _____

***Type of Company:** (circle one)
Wholesaler-Distributor Manufacturer Other

***Annual Sales Volume:**

***Product Line:**

*** # of Employees:**

I am a member of the following NAW affiliated association:

SECTION (2): Personal Contribution:

YOUR CONTRIBUTION TO NAW-PAC IS NOT DEDUCTIBLE AS A CHARITABLE CONTRIBUTION.
Note: The maximum contribution allowed in a calendar year is \$5,000.

CONTRIBUTION INFO:

Personal Credit Card:

_____ VISA

_____ MasterCard

_____ American Express

Contribution info continued

***Card Holder Name** (as it appears on card)

Credit Card Expiration

(mm / yyyy)

___ / ___

***Card Number**

***Please accept my contribution in the amount of:**

___ \$100 ___ \$250 ___ \$350 ___ \$400 ___ \$450 ___ \$500 ___ \$1,000 ___ \$1,500

other _____

***Date:**

***Signature:**
