

**2009 IHCA PAC PLEDGE FORM**

Company or Donor Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Home Fax: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

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

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

## Membership Level:

_____ White	\$1,500
_____ Blue	\$1,000
_____ Red	\$500
_____ Supporter	\$100
_____ Other	

## Payment Options:

\_\_\_\_\_ Personal Check \_\_\_\_\_ Personal Credit Card

Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ MC \_\_\_\_\_ Am Exp

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name and zip code as it appears on your credit card: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please mail your completed form and payment to:  
One N. Capitol Ste. 100 Indianapolis, IN 46204 Attn: Jill Burlison

If you are paying by credit card, please fax your completed Pledge Form to 877-298-3749