

NFDA Political Action Committee Contribution Form

Name	١	NFDA Member ID
Funeral Home/Company		
Address		
City	_ State _	Postal Code
Phone	E	Email
Photo Opportunity with Laura Bush, First I Please Provide First Name, Last Name, Email Address, Cell Participant #1:	Phone (in c	case of onsite emergency)
ranicipant #1		
Participant #2:		
Contribution Amount		
☐ Please accept my \$250 donation to suppo	rt the NF	FDA PAC.
		2,1,1,1,0,1
☐ Additional contribution \$		
Total: \$		
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Method of Payment		
•		
☐ Personal Check (U.S. dollars drawn on U.S. b	ank) paya	able to NFDA PAC
☐ Personal Credit Card		
□ American Express □ MasterCard □ \	Visa	□ Discover
Card Number		Expiration Date
Cardholder's Name (print)		Signature
☐ Corporate Check (U.S. dollars drawn on U.S.	bank) pay	yable to NFDA PAC
☐ Corporate Credit Card		
□ American Express □ MasterCard □ \	Visa	□ Discover
Card Number		Expiration Date
Cardholder's Name (print)		Signature

Thank you for supporting the NFDA Political Action Committee!

Contributions or gifts to NFDA PAC are not tax deductible and are limited by federal law to \$5,000 per person, per year. In accordance with federal law, contributions are strictly voluntary and not a condition of NFDA membership. All personal contributions to NFDA PAC are used in support of candidates for federal office. Corporate contributions cannot be used in support of candidates for federal office and are attributed to NFDA's Political Education Fund.