

Physical Therapists Political Action Committee PT PAC Contribution Form

Yes, I want to contribute to the PT PAC to help with the LPTA's legislative efforts.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Work phone: _____ Fax: _____

Home phone: _____ Email: _____

I enclose my contribution of:

\$ 50.00 \$100.00 \$250.00 Other \$ _____

*Please make check payable to PT PAC and mail to:
PT PAC
8550 United Plaza Blvd., Suite 1001
Baton Rouge, LA 70809*

OR

Please charge my: (circle one) American Express Discover MasterCard Visa

\$50.00 \$100.00 \$250.00 Other \$ _____

Card Number: _____ Expiration date: _____

Printed name on card: _____

Signature: _____

Credit Card billing address: _____
