



CALIFORNIA HOSPITAL ASSOCIATION  
*Political Action Committee*

## 2019 CHPAC Contribution Form Corporate Presidents' Club

### Corporate Presidents' Club

Membership in the California Hospital Association Political Action Committee (CHPAC) Corporate Presidents' Club is for corporations that have a vested interest in the vitality of California's health care community. This prestigious club of businesses is recognized throughout the health care community for understanding the issues affecting hospitals and health systems. Vendors and businesses that supply goods and services to the state's hospitals and health systems may demonstrate their support and commitment to their clients by joining the CHPAC Corporate Presidents' Club.

For a list of member benefits, please visit [www.calhospital.org/corporate-partners](http://www.calhospital.org/corporate-partners)

### Important

Contributions or gifts to CHPAC are not deductible as charitable contributions for federal or state income tax purposes.

Contributions or gifts to CHPAC are solicited and received on a personal basis not involving the hospital.

Yes, I wish to support the state activities and causes of the California Hospital Association Political Action Committee (CHPAC) by joining the Corporate Presidents' Club and making a contribution of:

### Amount

- Corporate Presidents' Club (\$7,300)
- Platinum Corporate Presidents' Club (\$12,000)

### Personal Information

CHPAC is required to collect the following information on all political contributions:

Name: \_\_\_\_\_  
Occupation/Title: \_\_\_\_\_  
Full Name of Employer: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

### Donation Type

- This is a personal donation for which I will not be reimbursed by my employer or any other entity.
- This is a business donation (a company credit card or I will be reimbursed by my employer or another entity).

Name of business \_\_\_\_\_

### Payment Information

- Check enclosed. Make payable to CHPAC (#790733)
- Billing address same as personal address

Name on Card: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ CVV Number: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Authorizing Signature

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

Paid for by the California Hospital Association Political Action Committee (CHPAC) — ID #790773  
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