

ASC-GA PAC

Protecting Georgia's Ambulatory Surgery Centers and Our Patients

I have enclosed the following contribution to assist the ASC-GA PAC's efforts*:

Chairman's Circle (\$2,000) ____ **Benefactor (\$1,000)** ____ **Sponsor (\$500)** ____
Patron (\$250) ____ **Advocate (\$100)** ____

Name _____

Employer _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Office Phone _____

Fax _____ Email _____

If you wish to make your contribution by credit card, please complete the information below:

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

Name _____ (as it appears on the card)

Card # _____

Exp. Date _____ Amount \$ _____ CVV# _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____

- I wish to make a reoccurring contribution to the PAC:**
 Monthly **Quarterly** **Annually**

Thank you for your support!

***Contributions may be accepted from individuals, businesses and corporations.**

Fax: 770-435-5589

Mail: 2700 Cumberland Pkwy Ste 150, Atlanta, GA 30339

Call: Travis Lindley at 404-886-5058