



I want to SUPPORT the legislative activities of the Ohio Association of Health Underwriters

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

OAHU Region: CAHU GCAHU NEOAHU NWOAHU WRAHU

My contribution to OAHU PAC is attached. Please make your check payable to **OAHU PAC**.

\$1,000 \$500 \$300 \$200 \$100 \$50 \$ _____ Other

PLEASE NOTE: A LUMP SUM CONTRIBUTION OF AT LEAST \$300 OR AT LEAST \$25 PER MONTH VIA CREDIT CARD OR AUTOMATIC DEDUCTION FROM A PERSONAL CHECKING ACCOUNT QUALIFIES FOR THE CAPITOL CLUB!

I PREFER TO SUPPORT OAHU PAC MONTHLY

I would like to help OAHU PAC effectively budget their funds to maximize their efforts in preserving free market health insurance in Ohio by contributing monthly via automatic credit card or checking account withdrawal. (If you are currently contributing via checking or credit card you may also fill this section out if you wish to increase your contribution.)

Withdrawal from my personal checking MONTHLY* \$ _____ monthly amount
*Please include a voided check with this signature form

Withdrawal from my personal credit card MONTHLY \$ _____ monthly amount

I would like to make a ONE-TIME credit card contribution \$ _____ one-time amount

Credit Card Type: Visa Master Card Discover American Express

Credit Card Number

Security number found on back of card _____

Expiration Date: _____ / _____

Name as it appears on Card _____

Address as it appears on Card Account _____

Signature

Please note: Corporate checks and corporate credit cards are prohibited. Only individuals, sole proprietors, LLCs and partnerships may contribute to OAHU PAC. Contributions to OAHU PAC are strictly voluntary and not a prerequisite for membership in NAHU or OAHU. Contributions are not deductible as charitable contributions for state or federal income tax purposes.

SEND COMPLETED FORM BY: EMAIL TO: jmcgough@mcgough-inc.com or

FAX TO: (614) 654-5393; or MAIL CHECKS TO: OAHU PAC LEVEQUE TOWER, 50 WEST BROAD STREET, SUITE 1111, COLUMBUS, OHIO 43215. THANKS FOR YOUR SUPPORT OF OAHU PAC.

Phone: _____ E-mail _____

**Paid for by Ohio Association of Health Underwriters Political Action Committee, Randy Ayers, Treasurer
LeVeque Tower, 50 West Broad Street, Suite 1111, Columbus, Ohio 43215 ♦ Phone: (614) 221-5771 ♦ Email: jmcgough@mcgough-inc.com**

Chair: Randy Ayers: rayers@nubgroup.com

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