



NATIONAL ASSOCIATION OF HEALTH UNDERWRITERS

### TNHUPAC CONTRIBUTION / CREDIT CARD AUTHORIZATION

**Required:**

First Name: \_\_\_\_\_ MI: \_\_\_ Last: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer's Name: \_\_\_\_\_

I authorize the Tennessee Health Underwriters Political Action Committee (TNHUPAC) to charge the below listed credit card as follows:

*(check one circle below)*

- A one time contribution in the amount of \$\_\_\_\_\_
- A monthly contribution in the amount of \$\_\_\_\_\_ each month.

*This contribution shall continue each month following the date of this donation until such time as I notify TNHUPAC to discontinue this contribution. Notice may be made in writing through TNHUPAC at:*

TNHUPAC, PO BOX 681423, Franklin TN 37068-1423

Contributions will normally be processed on the 15<sup>th</sup> of each month (the next business day if the 15<sup>th</sup> is on Saturday, Sunday or a holiday).

Credit Card Type *(please select one)*: Visa MasterCard American Express

Credit Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Your name (as it appears on the credit card): \_\_\_\_\_

Verification Code: \_\_\_\_\_

(3 Digits for Mastercard or Visa and 4 Digits for American Express)

Billing Address **(Needed for check contributions as well)**: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

*Please note that contributions to TNHUPAC are not tax deductible. Contributions to TNHUPAC may be made by individuals or corporations.*

**Mail (with check in contributing by check), e-mail or FAX the form to:**

**Richard Girdler - TNHUPAC Treasurer**

**P.O. Box 681423**

**FRANKLIN TN 37068-1423**

**FAX 615.327.8192**

**E-mail [rgirdler@cowanbenefit.com](mailto:rgirdler@cowanbenefit.com)**