

Name:	Title/Occupation:		
Business Name:			·
Address:			
City:	State:		_Zip:
Email:	Phone:		
Suggested Contribution: \$	☐ I am a Young Agent		
One-Time Payment (Check or C	Credit Card)		
□ \$5,000 Millennium Club	☐ \$1,000 Centennial Club	□ \$250 Pioneer Club	☐ \$100 Young Agent
□ \$2,500 Platinum Club	□ \$500 Gold Club	☐ \$150 Founders Club	\$ (Other)
OR			
Monthly Payments (credit card withdrawal on the 15th of each month)			
Start Month:/2012	\$250 Month	□ \$10 Month	
	\$100 Month \$25 Month		
Personal Check (payable to "Ins	surPac")		
Credit Card: American Expre	ss 🖵 VISA 📮 Mastercard		
Card Number:			Exp. Date:/
****All forms of payment must h	ne by personal check, credit card o	r non-incorporated agency	check.
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Authorized Signature:		D	ate:/

Contributions or gifts to InsurPac are not deductible as charitable contributions for purposes of federal income tax. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution should be considered strictly voluntary.