



# SDMS PAC Contribution Form

The SDMS Political Action Committee (SDMS PAC) has been established to preserve and promote good government, fiscal responsibility in government and the private business enterprise system, in particular with respect to the field of sonography.

All contributions to SDMS PAC are completely voluntary and in no way affect your SDMS membership status. Suggested contribution levels are listed, however, you may contribute any amount you wish (up to \$5,000 per calendar year).

**Note: You can also contribute online using a credit/debit card at [www.sdmspac.org](http://www.sdmspac.org)**

**Questions?** Contact [info@sdmspac.org](mailto:info@sdmspac.org) or call 214-473-8057 x179.

## SDMS PAC Contributor Information *Please print*

SDMS Member # \*

Last Name\*

First Name\*

Middle Initial

Home/Residential Address\*

City\*

State\* (US state/territories only)

Zip Code\*

Email Address

**Occupation\*\***

**Employer\*\***

**\* Required**

**\*\* Required by federal law if you have contributed or will contribute a total of \$200 or more to the SDMS PAC in this calendar year.**

## Contribution Amount

\$25

\$250

\$5000

\$50

\$500

Other Amount:

\$75

\$1000

\$\_\_\_\_\_ .00

\$100

\$2500

## Payment Information

**Pay by Check** Check #  *Make check payable to SDMS PAC. Remit U.S. funds drawn on U.S. bank.*

**Pay by Credit/Debit Card**  *Check here if credit/debit card billing address is the same as the address above.*

**Card Holder Billing Address** *Note: Card holder name must match contributor name.*

Last Name  First Name  Middle Initial

Address

City  State (US state/territories only)  Zip Code

Credit Card Type:  American Express  Discover  MasterCard  Visa

Credit Card Number (\$10 minimum for credit/debit card contributions)  Expiration Date (MM/YYYY)   3 or 4-digit Security Code

## Required Disclosure *Please read carefully*

**By signing and submitting this form, I hereby affirm and attest that:**

1. I am making a voluntary, individual contribution to the SDMS PAC.
2. This contribution is made from my own funds, and not those of another.
3. This contribution is not made from the funds of a corporation, labor organization or national bank.
4. I am not a federal government contractor.
5. I am not a foreign national who lacks permanent resident status ('Green Card') in the United States.
6. I am not controlled by a foreign corporation or other foreign entity.
7. This contribution is made on a personal credit or debit card for which I have a legal obligation to pay, and is made neither on a corporate or business entity card nor on the card of another.
8. I understand that this contribution is non-refundable unless the contribution is determined to be ineligible or illegal under Federal election laws or regulations.
9. I understand that this contribution IS NOT tax deductible.
10. I understand that if my contributions to the SDMS PAC exceed \$200 in a calendar year, Federal law requires that I must provide my occupation and employer's name.
11. I understand that I may not contribute more than \$5,000 to the SDMS PAC in a calendar year.
12. I understand that my contribution will be used in connection to Federal elections.
13. I understand that the SDMS PAC Board of Directors, at its sole discretion, will determine when and to whom contributions will be dispersed (subject to Federal Election Commission requirements).
14. I understand that my decision to contribute or not to contribute will in no way affect my SDMS membership status.
15. I authorize the SDMS to charge my credit/debit card for the contribution amount listed on the other side of this form (page 1) and to transfer the contribution to the SDMS PAC.

**MAIL signed form to:**  
**SDMS PAC**  
**2745 Dallas Pkwy Ste 350**  
**Plano, TX 75093**  
**or FAX signed form to:**  
**214-473-8563**

\_\_\_\_\_  
**Signature (Required)**

\_\_\_\_\_  
**Date**