



CONTRIBUTION FORM

CONTRIBUTOR INFORMATION (* Required by State Law)

*Contribution Amount: _____ *Type of Contribution: Personal or Corporate

*First: _____ *Last: _____

Company Name: (If Corporate): _____

*Address: _____

*City _____ *State _____ *Zip _____

*Phone: _____ Fax: _____

Email: _____

Occupation (If Personal): _____ Employer (If Personal): _____

* State CAAPAC Contribution Amount _____ or *Local PAC Contribution Amount _____

*Local Association (s) Credited: _____

*Individual (s) Credited for Contribution (if other than yourself): _____

****Please make all checks payable to CAAPAC****

CREDIT CARD INFORMATION

Credit Card Type (circle): VISA MC AMEX

Credit Card Number: _____ Exp: _____

Name on Card: _____

Credit Card Address: _____
(If different from above)

Credit Card City: _____ State _____ Zip _____

Signature: _____

Political contributions are not deductible as charitable contributions for federal and state income tax purposes. CAAPAC is a California recipient committee, FPPC ID # 745208. Participation in CAAPAC is voluntary. Contributions are not limited to suggested amounts. Contributors will not be favored or disfavored by reason of the amount of their contribution or their decision not to contribute. Failure to contribute will not affect an individual's membership status in the California Apartment Association.