



Help Keep Occupational Therapy  
in the Policy Spotlight

# CONTRIBUTE TO AOTPAC TODAY!

**Please Enroll Me in the following:**

**Dollar-a-Day Program:**

Enclosed is my full "Dollar-a-Day" contribution of \$365

Please charge my credit card monthly (approx. \$30.42/mo.)

Begin with \_\_\_\_/\_\_\_\_ and end with \_\_\_\_/\_\_\_\_  
(month/year) (month/year)

**OR**

Continue monthly contribution until I indicate otherwise

\_\_\_\_\_  
(Signature)

**Periodic Payment Plan:**

I wish to make \_\_\_\_ Monthly; \_\_\_\_ Quarterly; \_\_\_\_ Yearly contributions in the amount of \$\_\_\_\_\_

Begin with \_\_\_\_/\_\_\_\_ and end with \_\_\_\_/\_\_\_\_  
(month/year) (month/year)

**OR**

Continue periodic contribution until I indicate otherwise

\_\_\_\_\_  
(Signature)

**One Time Payment**

I wish to make a one-time contribution in the amount of \$\_\_\_\_\_

## Payment Information

Enclosed is a personal check or money order payable to:  
**AOTPAC**

**Charge my**  Visa  MasterCard  Discover

Card Number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expire Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_(from back)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(AOTA ID#) Web

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip)

\_\_\_\_\_  
(Home Phone)

\_\_\_\_\_  
(E-Mail)

To increase efficiency and reduce costs, AOTPAC will provide reports to its contributors via E-mail.

AOTPAC collects contributions from AOTA members for its political activities. These are voluntary and refusal does not affect a member's rights. Contributions are not deductible as charitable contributions for federal income tax purposes.

AOTPAC may not accept contributions made by corporations. Corporations may make donations to AOTA to defray the expenses of administering AOTPAC, including the solicitation of political contributions. Donations made by corporate check will be deposited into an administrative fund established by AOTA for such purposes.

Federal election law requires AOTPAC to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 per calendar year. Please help us by providing your employer information.

\_\_\_\_\_  
(Employer's Name)

**Mail Contributions to: AOTPAC, PO Box 791005, Baltimore, MD 21279-1005**  
**Fax: 301-652-7711 Phone: 1-800-SAY-AOTA (729-2682) ext. 2014 E-Mail: aotpac@aota.org**  
**Online: [www.aota.org/aotpac](http://www.aota.org/aotpac)**  
**Mail company checks to: AOTPAC, 4720 Montgomery Ln., Suite 200, Bethesda, MD 20814**