

Thanks for Backing the TCA PAC!

TCA PAC Donation Form



Promoting and Protecting Chiropractic
in Tennessee since 1935

Your contribution to the Tennessee Chiropractic Association Political Action Campaign (TCA PAC) goes directly to current and future legislators who support the chiropractic profession. Contributions to the TCA PAC are not tax deductible. With your contributions, the TCA PAC can continue our successful work representing chiropractic to Tennessee lawmakers.

Showing your support is as easy as an **Adjustment-a-Month!**

By contributing at this level you **CAN** make a difference for your profession at a cost of roughly a \$1.00 a day.

Contributor's Name (please print): _____

I would like to contribute to the TCA PAC at the following level:

- | | |
|--|---|
| <input type="checkbox"/> 3 Star Society
(\$1000/year or \$83.33/month) | <input type="checkbox"/> Capital Club
(\$500/year or \$41.66/month) |
| <input type="checkbox"/> Adjustment-a-Month
(\$420/year or \$35/month) | <input type="checkbox"/> TCA PAC "Back"er—\$_____
(Annual or monthly donation amount of choice) |

Please select the payment method of your choice:

- | | |
|--|---|
| <input type="checkbox"/> Check attached payable in full to TCA PAC | <input type="checkbox"/> One-time credit card payment
Authorized Signature: _____
(provide credit card information below) |
| <input type="checkbox"/> Monthly bank draft payment*

I attest I am an authorized owner of the depository account listed below, and am exercising my powers as such. (Please attach a voided check.)

Bank ABA #: _____

Account #: _____

Name on Account: _____ | <input type="checkbox"/> Monthly credit card draft payment*

I attest I am an authorized owner of the account listed below, and am exercising my powers as such.

Name on card: _____

Card #: _____

Exp. Date: _____

Billing address: _____

Zip: _____ |

***TCA PAC Bank Draft / Credit Card Draft Payment Preauthorization** (Signature required below for monthly payment options)

I hereby authorize the Tennessee Chiropractic Association (TCA) to initiate credit or debit entries to my account listed above, or to initiate any and all necessary reversing entries and/or adjustments for any entries made in error for the purpose of paying my monthly PAC donation to the TCA PAC. This authority is to remain in full force and effect until I notify the TCA that I wish to end this agreement and the TCA has had reasonable time to act on it; or until the TCA or my bank has sent me 10 days written notice that they will end this agreement. I understand all drafts are processed on the 15th of each month or nearest following business day and that initial forms must be received by the 5th of the month to begin draft for that month. It is my duty to notify the TCA 10 days prior to a scheduled payment of any changes made to my account, including but not limited to closed status, bank ownership changes and account changes.

Authorized Signature: _____ Date Authorized: _____

Please return completed form to the TCA office. Thank you for your support!

Tennessee Chiropractic Association * 2123 8th Ave. South * Nashville, TN 37204 * Phone (615) 383-6231 * Fax (615) 383-6233