

TAHUPAC Contribution Form



\$150 (\$12.50 per mo.) \$300 (\$25 per mo.) \$600 (\$50 per mo.) \$1,200 (\$100 per mo.) Other _____

Please Note: Federal regulations prohibit corporate contributions to TAHUPAC

Name _____ Local Chapter _____

Employer _____ Occupation _____

Address _____ City _____ Zip _____

Telephone _____ Fax _____ Email _____

I have enclosed a **check** payable to TAHU for the selected level.

Please **charge** my contribution monthly in the amount of \$ _____ to my credit card as follows:

We request that you reserve the monthly charge option for contributions of \$150 (\$12.50 per month) or more.

Please charge my contribution quarterly in the amount of \$ _____ to my credit card as follows:

Please charge my contribution in the annual amount of \$ _____ to my credit card as follows:

MasterCard Visa Card Number _____ Exp. Date _____

Discover American Express VAL Number (3or4 digit number on card) _____

Cardholder Name _____ Cardholder Address _____

Cardholder Signature _____

This authorization is to remain in force until TAHU has received written notification from me of its termination.

I authorize Association Headquarters to charge my credit card as shown above.

I understand that the statement will read "Texas Association of Health Underwriters".

I understand that this contribution is not tax deductible.

Or Convenient Bank Draft: I authorize the Texas Association of Health Underwriters to initiate debit entries in the monthly amount _____ per month charging my checking account as described on the accompanying voided check. This authorization is to remain in force until TAHU has received written notification from me of its termination in such time and manner as to afford TAHU and my depository reasonable opportunity to act upon it.

Signature _____ SS # _____ **Please include a voided check.**

Mail to: TAHU, P.O. Box 381506, Duncanville, Texas 75138-1506