



## AASM POLITICAL ACTION COMMITTEE RECEPTION

**Sunday | June 12, 2016 | 6:00 – 7:00PM**



Individuals: \_\_\_\_\_ x \$100.00 = \$ \_\_\_\_\_

I would like to make an additional donation to the AASM PAC: \$ \_\_\_\_\_

I am unable to attend, but would like to donate to the AASM PAC: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

### Contact Information

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment information

My check in the amount of \$ \_\_\_\_\_ is enclosed.

**Please make checks payable to:** American Academy of Sleep Medicine PAC

Please charge my (*check one*):     Visa     MasterCard     American Express

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

Total Amount: Expiration Date: \_\_\_\_ / \_\_\_\_

Validation code\*: \_\_\_\_\_

Billing zip code on card: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

\* For Visa or MasterCard, the validation code is the last three numbers in the signature box. For American Express, the validation code is the four numbers above the credit card.

Contributions can be made only by U.S. residents who are members of the AASM. The AASM PAC will accept donations made with a credit card or personal check, not from an institution or corporate account.

Submit this form via email to [Iroling@aasmnet.org](mailto:Iroling@aasmnet.org) or fax to (630) 787-9790 or via mail to American Academy of Sleep Medicine, 2510 North Frontage Road, Darien, IL 60561 by **May 20, 2016**.

All proceeds support the American Academy of Sleep Medicine Political Action Committee (AASM PAC) in support of sleep medicine-friendly legislators in their election year campaigns.