

**2015 Contribution Form**

YES! I want to support BIO PAC and help advocate biotechnology. BIO PAC financially supports candidates who understand our industry. I understand that my personal contribution is completely voluntary and will be used to support the campaigns of candidates for federal office.

*Political contributions are not tax deductible for federal income tax purposes. Contributions may only be accepted from U.S. citizens or permanent residents of the United States.*

*You have no obligation to contribute and you may refuse to contribute without reprisal. The Biotechnology Industry Organization will not favor or disadvantage you by reason of the amount of your contribution or your decision whether or not to contribute.*

*Contributions will be used in connection with federal elections and are subject to prohibitions and limitations of federal law. Federal law requires BIO PAC to use best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed $200 in a calendar year. By law you are permitted to give a maximum of $5,000 per year to BIO PAC.*

**Please complete the following personal information. Credit card information is filled out at the bottom of the form or if you prefer, please contribute via check in the mail.**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Occupation\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please select one of the following options to participate and give BIO PAC the authority to charge your credit card account on the dates listed below the option of your choosing:**

* One-Time gift of $\_\_\_\_\_\_\_\_\_\_\_\_
	+ *Charged Immediately*
* Semi-Annual gift of $\_\_\_\_\_\_\_\_\_\_­\_\_
	+ *2 equal installments charged on 6/15/2015 and 12/15/2015*
* Quarterly gift of $\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ *4 equal installments charged on 3/15/2015, 6/15/2015, 9/15/2015, 12/15/2015*
* Monthly gift of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_
	+ *12 equal installments paid on the 15th of each month*

**Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please return this document to Catharine Harris, PAC Manager, at** **charris@bio.org** **or**

**BIO PAC, 1201 Maryland Ave, SW, Suite 900, Washington, DC 20024**

**Phone: (202) 905-2281 Fax: (202) 488-6305**

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**Credit Card Information**

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

Account Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date\_\_\_\_\_\_\_ CVC2/Security Code\_\_\_\_\_\_

Type of Card: VISA\_\_\_ AMEX\_\_\_ Mastercard\_\_\_ Discover\_\_\_