



★NC HOSPAC★

## The North Carolina Healthcare Association's Political Action Committee

Across the nation, healthcare issues remain at the forefront of the legislative debate.

HOSPAC, the North Carolina Healthcare Association's political action committee, contributes to success in the advocacy arena by building relationships between community hospitals, healthcare systems, providers and their elected officials.

Those relationships ensure that hospital and healthcare system representatives are consulted before decisions are made.

**HOSPAC contributions are voluntary.** All salaried management staff and trustees may participate in HOSPAC as personal members. Contributions must be from personal accounts and cannot be anonymous. Contributions are not tax deductible.

Credit card payments are accepted online at [www.ncha.org/hospac/donate](http://www.ncha.org/hospac/donate). Checks can be mailed with this card. HOSPAC can't accept cash donations over \$50.



If your hospital or healthcare system has signed a HOSPAC-Federal agreement, a portion of eligible contributions will be used to support candidates for federal office.

Trustee contributions cannot be used for federal campaigns. Trustees should indicate their position on the contribution form.

U.S. and North Carolina laws require political action committees to collect and report the information requested on the reverse side of this form for each individual whose contributions aggregate in excess of \$50 in an election cycle.



# HOSPAC Membership Form

All of the information below is required by  
Campaign Reporting Laws.

I hereby pledge to HOSPAC at the following level:

- 1918 Centennial Club (\$5,000)
- Champions Club (\$2,500)
- Chairman's Circle (\$1,000)
- Capitol Club (\$500)
- PAC Member (\$350)

## Credit Card Donations

For your convenience, make your contribution by credit card online at [www.ncha.org/hospac/donate](http://www.ncha.org/hospac/donate)  
Please do not send credit card information in the mail.

## Check Donations

- Please check if you are a trustee.
- Please check if you do not want any portion of your contribution to be used to support candidates for federal offices.

Please print clearly (\*Required):

\_\_\_\_\_  
Full Name\*

\_\_\_\_\_  
Employer\*

\_\_\_\_\_  
Hospital/Health System\*

\_\_\_\_\_  
Title\*

\_\_\_\_\_  
Email\*

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

\_\_\_\_\_  
Daytime phone\*

Check for \$ \_\_\_\_\_

Make payable to HOSPAC

Mail to: NCHA HOSPAC  
PO Box 896892, Charlotte, NC 28289-6892  
Questions? Call 919-677-2400  
or visit [www.ncha.org/hospac](http://www.ncha.org/hospac)