



**American Academy of Audiology Inc.
Political Action Committee (PAC)
11480 Commerce Park Drive, Suite 220
Reston, VA 20191**

AUTOMATIC DEBIT CONTRIBUTION FORM

- I am making a contribution to the American Academy of Audiology Inc. Political Action Committee
 I would like an automated monthly debit account set-up in the amount of \$_____

Please charge my (check one):

___ VISA ___ MasterCard ___ American Express ___ Discover

I authorize the American Academy of Audiology Inc. PAC to deduct the above-mentioned sum on the 15th day of every month:

- Until otherwise stated
 Until my method of payment is cancelled or inoperative
 For a period of time beginning: _____ (mm/yr) and ending _____ (mm/yr)

Name as it appears on the card (printed) _____

Card No: _____

Expiration date: _____

Signature: _____ Date: _____

Federal law requires committees to report the name, address, occupation, and name of employer for any individual whose contribution exceeds \$200.

Name: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Title: _____

Organization/Company: _____

Email Address: _____

- Contributions to the AAA, Inc. PAC must be voluntary.
- Contributions are not deductible as charitable organizations.
- Contributions will be used to support political candidates and Congressional leaders who support and/or are in the position to advance audiology issues.