



YES, I WANT TO HELP MY INDUSTRY BY SUPPORTING IAPAC!

Contribution amount \$ \_\_\_\_\_

This is a(n):

Agency (business) contribution

Personal contribution

**PLEASE PRINT**

Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**PAYMENT METHOD**

Check (payable to "IAPAC")

Credit card:       American Express       Visa       MasterCard       Discover

Name as shown on credit card: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

In an effort to protect your data, **please do not** email this form if it contains credit card information. Mail or fax to:

**IAPAC**  
5784 Widewaters Parkway  
1<sup>st</sup> Floor, Dewitt, NY 13214

Fax: 315-446-2749 | Phone: 800-962-7950

*Contributions or gifts to IAPAC are not deductible as charitable contributions for purposes of federal income tax.*