

Merchants * Political Action Committee Contribution Form



Complete the information below and mail, along with your contribution to:

M*PAC
P.O. Box 176001
Raleigh, NC 27619

Yes, I want to be a member of the Merchants*Political Action Committee Team.

Enclosed is a check (personal check only) with my contribution of \$ _____

Below I have provided M*PAC personal credit card with a contribution in the amount of \$ _____

Individual Section

Name: _____

Company: _____

Address: _____

City, State, Zip: _____

Phone: _____

Occupation: _____

Credit Card Section

Visa

MasterCard

American Express

Credit Card Number: _____

Expiration Date: _____

Signature: _____

North Carolina law requires political committees to report the individuals name, mailing address, job title or profession and employer for each individual whose daily contribution is in excess of \$50 per day.