



AUTHORIZATION TO REQUEST FUNDS FOR THE FEDERAL PAC

Completion of this form is a requirement of the
Federal Elections Commission

Date _____ Name _____

Company _____ Title _____

Address _____

City, State & Zip _____

Email _____ Phone _____

Please Note: There are certain restrictions on contributions to support our federal efforts. Only owners and upper-management of incorporated businesses and only owners of non-incorporated businesses are eligible to contribute to our federal efforts. These restrictions do not apply to our state efforts.

Please check the statement that best describes your business:

1. My business is **NOT** incorporated.

The Business is operated as a:

Sole Proprietorship

General Partnership

Limited Partnership

Limited Liability Company reported to the
Internal Revenue Service as a partnership.

If you checked box #1, **STOP HERE** and fax or mail the form as requested below. If you did not check #1, please complete the reverse side of this form and fax or mail. Please fax completed card to (512) 338-9496

Continued on Reverse

TEXAS HOMECARE & HOSPICE PAC

3737 Executive Center Drive, Suite 268

Austin, Texas 78731

P: (512)338-9293 • F: (800) 880-8893



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Continued

Company Name

2. My business is incorporated or is a Limited Liability Company (LLC) reported to the Internal Revenue Service as a corporation. I therefore authorize the **TEXAS HOMECARE & HOSPICE PAC** to request funds from me and my eligible management as determined by me or my organization for contributions for the years designated and signed below (please check box for each year). Full signature is required.

Have you, for the calendar years designated below, given permission to a different trade association to request funds from you for a federal PAC?

Yes No

Authorization is for the following years. Check each year and please sign. Thank you!

2010 2011 2012
 2013 2014

Full Signature Required

Printed Name

Please fax completed card to (512) 338-9496 or mail to the address below:

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