TEXAS HOMECARE & HOSPICE PAC

Become a FRIEND of Home Care & Hospice!

The home care and hospice industry is regulated by the Texas Legislature which has considerable power over your job and your agency.

TEXAS HOME CARE & HOSPICE PAC gives TAHC&H members, staff and lobbyists the ability to advocate for you and your agency with Texas lawmakers in the political process.

The TEXAS HOMECARE & HOSPICE PAC "Friends of Home Care and Hospice" program offers home care and hospice attendants, LVNs and other field and office staff opportunities to support state PAC efforts.

By contributing $5 to $20 a month you help the PAC advocate issues important to you- home care and hospice funding allowing for improved compensation, and protection against unreasonable job requirements such as unfunded mandated training and federal fingerprint background checks!

TEXAS HOMECARE & HOSPICE PAC is YOUR voice to lawmakers!

Only personal contributions and contributions from partnerships allowed. Corporate funds cannot be accepted. Personal contributions are not tax deductible as charitable for federal income tax purposes.

Please Return to:

TEXAS HOMECARE & HOSPICE PAC
3737 Executive Center Drive, Suite 268
Austin, Texas 78731
Phone: (800) 880-8893 Fax: (512) 338-9496

☐ YES! I would like to become a FRIEND of HOME CARE & HOSPICE!

Friend Levels of Contribution:

$20 a month **$15 a month**
$10 a month **$ 5 a month**

Please accept my contribution of $_____

☐ Total Contribution: $ _____, OR

☐ $ _____ per month ongoing, OR

☐ $ _____ per month for _____ months OR

☐ I am interested in setting up a payroll deduction

Or contribute online:
www.texashomecareandhospicepac.org

_____
name & job title

_____
home address

_____
home city state zip

_____
phone fax

_____
email

_____
employer Name

_____
employer address

_____
employer city state zip

Method of Payment

☐ Enclosed is my personal check made out to the **TEXAS HOMECARE & HOSPICE PAC**

OR

☐ Please charge my contribution to my:

☐ Amex ☐ MasterCard ☐ Visa

_____
Card Number

_____
Expiration Date Security Code

_____
Printed Name

_____
Authorized Signature