

# TEXAS HOMECARE & HOSPICE PAC

## YOUR voice to Lawmakers!



Contributions to the TEXAS HOMECARE & HOSPICE PAC provide TAHC&H leaders, members and lobbyists with the resources to attend campaign events and advance homecare and hospice initiatives with lawmakers. These interactions help TAHC&H solidify a strong advocacy presence for the legislative sessions that follow each election. Your contribution to TEXAS HOMECARE & HOSPICE PAC is essential in helping shape the future of the home care and hospice industry in Texas. Please contribute TODAY!

***Your industry, your business, and your patients are depending upon your contributions!***

**YES! I would like to become a member of the TEXAS HOMECARE & HOSPICE PAC!**

### Levels of Contribution:

Titanium: \$2,500 & Up

Platinum: \$1,500-\$2,499

Gold: \$1,000-\$1,499

Silver: \$500-\$999

Bronze: \$250 to \$499

Friend: \$249 & Below

*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 accept my contribution of \$ \_\_\_\_\_**

I would like my contribution split between TEXAS HOMECARE & HOSPICE PAC's State and Federal efforts\*.

\$ or % State \_\_\_\_\_ Federal \_\_\_\_\_

*\*Authorization to request Federal PAC funds must be on file at the TAHC&H office. Must be owner or upper management in incorporated agency or owner in a partnership.*

*To confirm, please call Michelle Lupton at (800) 880-8893.*

I would like for my contribution to go solely to the TEXAS HOMECARE & HOSPICE PAC's State efforts.

### 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

Total Contribution: \$ \_\_\_\_\_, OR

\$ \_\_\_\_\_ per month ongoing, OR

\$ \_\_\_\_\_ per month for \_\_\_\_\_ months

\_\_\_\_\_  
Name and Position

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home City State Zip

\_\_\_\_\_  
Phone Fax

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Email

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Employer Name

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Employer Address

\_\_\_\_\_  
Employer city State Zip

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Card Number

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Expiration Date

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Security Code

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Authorized Signature

Please Return to:

### **TEXAS HOMECARE & HOSPICE PAC**

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Austin, Texas 78731

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Or contribute to the State PAC online:

[www.texashomecareandhospicepac.org](http://www.texashomecareandhospicepac.org)