



## MEMBERSHIP FORM

(PLEASE PRINT CLEARLY)

Name
Mailing Address
City, State, Zip
Office Phone
Office Fax
E-mail

Please check here if you would like your e-mail address added to the Grassroots Alert Network.

### CONTRIBUTION:

- \$125 – DENT IL PAC Individual Member  
 \$250- Governor’s Club Individual Member  
 \$500 – President’s Club Member and Spouse

Spouse Name: \_\_\_\_\_

Is spouse an Alliance Member?  Yes  No

- Personal check enclosed  
 Corporate check enclosed  
 Please charge my personal (please circle) VISA/MC /American Express/Discover  
 Please charge my corporate (please circle) VISA/MC/American Express/Discover

#	Exp. Date	3-digit Security Code
Signature		

*Contributions to DENT IL PAC are strictly voluntary and are not deductible for federal income tax purposes. Federal law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Illinois law permits state PACs to accept professional corporate checks. If you make an individual contribution to DENT IL PAC, \$49 of your individual contribution will be forwarded to ADPAC. If you need additional information, please contact us at 800-475-4737 or [pcuffle@isds.org](mailto:pcuffle@isds.org).*

**PLEASE FAX YOUR COMPLETED FORM TO DENT IL PAC AT (217) 525-8872.**

***DENT IL PAC***

PO Box 5120, Springfield, Illinois 62705