

MoANA PAC

I am a professional CRNA…

*by credit card:*

**□** I am proud to be a nurse anesthetist. I understand the need for advocacy. I can afford $2 a day for such a worthwhile cause. Deduct $60.00 per month from my credit card.

**□** I want to be a protector of my profession. Sign me up for $1 a day. Deduct $30.00 per month from my credit card.

**□** With important issues in the upcoming election, please deduct a one-time contribution of $\_\_\_\_\_\_\_ from my credit card.

*by check (make checks to MoANA PAC):*

**□** I love my profession! I am giving $2 a day! I am enclosing a check for $720.00.

**□** My profession has been very good to me. The least I can do is give $1 a day. I am enclosing a check for $360.00.

**□** I will not stand by and watch our profession be attacked, I will help. Enclosed is my check for $\_\_\_\_\_\_\_.

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*For credit card use:*

 ○ Mastercard ○ Visa ○ Discover

 Name as it appears on card *(if different from above)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Credit card No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ I authorize MoANA PAC to debit my credit card for the amount and frequency shown. I understand I may cancel at any time.

Mail to: MoANA PAC

 205 E. Capitol Ave., Ste. 100

 Jefferson City, MO 65101

 Phone: 573-634-8760

 Private Fax: 573-636-6899