

Contributions to the Fraternity & Sorority PAC will be used in connection with federal elections. Contributions are **STRICTLY** voluntary and are not limited to the suggested amounts; however, there is a limit of \$5,000 from an individual per calendar year (\$10,000 per married couple per year when checks are signed by both spouses). Contributions from foreign nationals and corporations are prohibited. Contributions to the Fraternity & Sorority PAC are not tax deductible for federal income tax purposes.



**THE FRATERNITY AND
SORORITY POLITICAL
ACTION COMMITTEE**

P.O. Box 3435
Alexandria, VA 22302-0435

Paid for by the Fraternity & Sorority
Political Action Committee and not authorized by
a candidate or candidate's committee.

P.O. Box 3435
Alexandria, VA 22302-0435
(703) 832-0063

FRATERNITY & SORORITY PAC CONTRIBUTION FORM

The Fraternity and Sorority Political Action Committee is the largest PAC dedicated to supporting higher education.

The FSPAC's goal is to raise funds during each federal election cycle to support House and Senate candidates who back policy objectives that preserve and improve the fraternal experience. Donations from alumni and friends like *you* ensure this goal is achieved.

Generations of future fraternity and sorority members will benefit from your action today. Thank you for your loyal support of the FSPAC.

I/we wish to contribute \$ _____ to the current election cycle now.

AND/OR, I/we wish to make a pledge to the next election cycle according to the following schedule:

\$ _____ Paid on or before April 1, 2017

\$ _____ Paid on or before April 1, 2018

Please print contributor(s) name(s):

Contributor(s) signature(s):

(Provide both signatures if a joint contribution.)

CONTRIBUTIONS MADE ONLINE: www.fspac.org

CONTRIBUTIONS BY CHECK:

Your personal check should be made payable and mailed to:
The Fraternity & Sorority PAC
P.O. Box 3435, Alexandria, VA 22302-0435

The enclosed contribution to Fraternity & Sorority PAC is drawn on account named as: _____ Check # _____

CONTRIBUTIONS BY CREDIT CARD:

___ American Express ___ MasterCard ___ Visa
Amount: _____ Card Number: _____
Expiration Date: _____ Name on Card: _____
Signature: _____ Date: _____

**Please fax credit card contributions to the attention of
Thomas Maxwell at (703) 832-0063.**

FEDERAL ELECTION INFORMATION

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and the name of employer for individuals whose contributions exceed \$200 in a calendar year.

REQUIRED INFORMATION FOR THE FEDERAL ELECTION COMMISSION:

The following address is my preferred address for all gift acknowledgments and correspondence.

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Occupation: _____

Employer: _____

INFORMATION REQUESTED BY THE FRATERNITY & SORORITY PAC:

Telephone: _____

E-mail: _____

College/university attended: _____

Your fraternity/sorority, affiliation, if any: _____

Spouse name: _____

College/university attended by your spouse: _____

Your spouse's fraternity/sorority, affiliation, if any: _____

Who asked you to contribute to the FSPAC:
