

ALL DONORS MUST COMPLETE THIS FORM

Yes! I want to support the efforts of the AQHPAC to represent the horse industry's voice in the political process.

- \$100    \$250    \$500   **Steel Dust Society Member:**
- Other \$ \_\_\_\_\_    \$1,000    \$2,500    \$5,000

An individual may contribute up to \$5,000 to AQHPAC in a calendar year. Contributions from corporations (including some LLCs and partnerships), federal government contractors, and foreign nationals are prohibited.

Method of Payment

- Visa    MasterCard    American Express    Check

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Or check payable to: **AQHPAC** and mailed with this form to:  
AQHPAC, c/o Ward Stutz, AQHA, P.O. Box 200, Amarillo, Texas 79168

**Important:** If your check is drawn on a joint account or your credit card account is shared with another individual such as your spouse or a child, complete the following:

The above contribution in the amount of \$\_\_\_\_\_ is drawn on a joint account. \$\_\_\_\_\_ constitutes the amount of my contribution and \$\_\_\_\_\_ constitutes the amount of the following person's contribution: \_\_\_\_\_

*(Please attach an additional donor form with their contributor information.)*

Spouse/Other Signature (if applicable): \_\_\_\_\_

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By making this contribution, you certify that you are a U.S. citizen or permanent resident alien. Contributions to the AQHPAC are strictly voluntary; any suggested contribution amount is merely a suggestion and you should feel free to contribute more or less, or not at all, and you have the right to refuse to contribute without reprisal. Contributions to the AQHPAC are not deductible for federal income tax purposes as charitable contributions. Federal law requires the treasurer of AQHPAC to use his best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year. The purpose of the AQHPAC is political and contributions will be used for the benefit of candidates for elected office.

**Required Contributor Information:**

Name: \_\_\_\_\_ AQHA ID#: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_