

**HAPAC/HAPAC-Federal
PAC Contributions Transmittal Form**

*Please complete and attach this form with each batch of contribution forms and checks you submit. This form may be copied as needed. Since we are required by state and federal law to process PAC contributions within a 10/30-day time period—based on the amount of the contribution—**it is important to submit contributions on a weekly basis.***

Hospital/Health System: _____

Contact Person: _____ Title: _____

Email Address: _____ Phone: _____

Enclosed are:

Total Number of Checks Submitted: _____
(The signature on the check must be that of the contributor)

Total Number of Credit Cards Submitted: _____
(Visa, MasterCard, American Express and Discover) are accepted. Make sure all information is provided)

Total Amount of Checks Submitted: _____

Total Amount of Credit Cards Submitted: _____

Total Cash Submitted: _____
*(A cash contribution may not exceed \$100.
Cash contributions are discouraged.)*

Note: All contributions are voluntary and must be written from personal accounts. Each person making a contribution shall do so only in his/her name (example: if John Smith's name is on the remittance form, then John Smith must be the one to sign the check). Corporate contributions are prohibited by law. **A remittance form must be completed in its entirety and accompany each contribution.**

Questions pertaining to PAC contributions should be directed to: Sue Stewart at 717-561-5310 or sstewart@haponline.org.

Mail to:

HAPAC/HAPAC-Federal
30 North Third Street, Suite 600
Harrisburg, PA 17101