

## Your Contribution

**Contribution Information** *Please print all information except for your signature. NOTE: The fields in this PDF allow online data entry. We invite you to complete the form before printing and save to your computer.*

Enclosed is my contribution of \$\_\_\_\_\_ (Contributors of \$250 or more are recognized as **Founding Supporters**)

I am contributing by **Check** \_\_\_\_\_ **Credit Card:** Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_

All checks can be made payable to: **South Carolina Reproductive Health PAC**

**Credit Card Information** \_\_\_\_\_ Example: 12/08

**Contributor Information** *Required fields indicated with \**

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Contributions to the **South Carolina Reproductive Health PAC** are not deductible for federal or state income tax purposes and are limited to \$3500 annually. Contributions are not acceptable from foreign nationals. Contributions will be used to support the election of candidates for South Carolina state and local offices. For more information, visit the South Carolina Reproductive Health PAC Web site: [www.SCRHpac.org](http://www.SCRHpac.org).

***You must sign below:***

By signing below, I affirm that I am making this contribution in accord with the legal requirements outlined above.

Contributor's Signature \_\_\_\_\_ Date \_\_\_\_\_  
Example: 02/07

Mail your contribution and this form to: Carolyn King, Treasurer  
South Carolina Reproductive Health PAC  
Post Office Box 12333  
Columbia SC 29211