

Pledge Information

Please type all information, then print and sign.

This pledge/donation should be listed as having been made by:

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Please print your name precisely as you wish it/them to appear in print and on the Web site.

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___ I/we pledge to donate \$ _____ on or before _____, 20 __. Please bill me

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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. Individuals and businesses may contribute up to \$3,500 to the SCRH PAC per calendar year.

You must sign below:

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

Signature _____ Date _____
Example: 02/07

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