

Your **KDPAC** Needs

YOU!

The KDA is making it easy to Contribute to your KDPAC!

The KDA will keep your Credit Card information on file and then at the first of each month, we will automatically charge your credit card account for your KDPAC Contribution.

“HOW Do I Sign Up?” you ask.

Just print out and complete the form provided below and you will be ready to begin your contributions. Fax it to 502-489-9124; email it to Todd Edwards at todd@kyda.org; or mail it to KDPAC Monthly Contribution, 1920 Nelson Miller Parkway, Louisville, KY 40223-2164.

Do it today and support your KDA's Legislative Efforts!

KDPAC Contribution Payment by Credit Card on File

I would like to make monthly KDPAC contributions of:

\$10.00 _____ \$20.00 _____ \$25.00 _____ \$50.00 _____ (check one)

Please Print your Information:

Member Name _____

ADA Number ____ - ____ - ____ - ____

Local Dental Society _____

Visa or MasterCard Number _____

Expiration Date _____ Billing Address Zip Code _____

Signature _____