

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 or quarterly*, we will automatically charge your credit card account for your KDPAC Contribution.

“**HOW Do I Sign Up?**” you ask.

Just 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, quarterly, or one-time payment* (circle one) KDPAC contributions of:

\$25.00 _____ \$50.00 _____ \$100.00 _____ \$175.00 _____ \$250.00 _____ \$500.00 _____ (check one)

Please print your information:

Member Name _____

ADA Number _____ - _____ - _____ Email _____

Local Dental Society _____

Visa or MasterCard Number _____

Expiration Date _____ Billing Address Zip Code _____

Signature _____