

**Three Ways to Contribute to IFAPAC – Bank Draft, Check or Credit Card**

<u>Club Type</u>	<u>Annual Contribution</u>	<u>Monthly Bank Draft</u>
Capitol	\$5,000	\$416.00/month
Emissary	\$2,500 to \$4,999	\$210.00/month
Diplomat	\$1,000 to \$2,499	\$84.00/month
Envoy	\$500 to \$999	\$42.00/month
Statesman	\$300 to \$499	\$25.00/month
Ambassador	\$200 to \$299	\$17.00/month
Century	\$100 to \$199	\$8.50/month
Investor	\$50 to \$99	\$5.00/month (minimum for bank draft)

Name \_\_\_\_\_  
 NAIFA Member # \_\_\_\_\_  
 Company \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Contributions to IFAPAC are voluntary and are not deductible for federal income tax purposes. Corporate contributions are prohibited.

I prefer my contribution be used  
 \_\_\_ For a Democrat                      \_\_\_ For a Republican                      \_\_\_ In the best judgment of IFAPAC

- I would like to make my contribution in one annual amount:
  - Enclosed is my personal **check** for \$ \_\_\_\_\_
  - Please charge my personal    **Visa**        **MasterCard** (circle one)  
 Account # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 For \$ \_\_\_\_\_ Signature \_\_\_\_\_
- I currently give on **bank draft**. Please increase my monthly contribution to \$ \_\_\_\_\_
- I would like to enroll in the monthly **bank draft** plan. Enclosed is my check for the first month's payment. I have completed the information requested below.

**MONTHLY BANK DRAFT AUTHORIZATION**

I hereby authorize IFAPAC to withdraw from my account the amount specified above every month. This authorization will remain in effect until revoked by me in writing and, until IFAPAC receives such notice, I agree that IFAPAC shall be fully protected in honoring such withdrawals. In consideration of IFAPAC's compliance with such request and authorization, I agree that IFAPAC's treatment of each such check and IFAPAC's rights in respect to it, shall be the same as if it were signed personally by me and that if any such check be dishonored, IFAPAC shall be under no liability whatsoever even though such dishonor results in the forfeiture of IFAPAC membership.

- 1) Name of depositor as shown on bank records \_\_\_\_\_
- 2) Account number \_\_\_\_\_
- 3) Name of bank and address of bank branch where account is maintained \_\_\_\_\_
- 4) Amount of draft per month \$84.00/\$42.00/\$17.00/\$8.50 (circle one) other \$ \_\_\_\_\_
- 5) Signature of depositor as shown on bank records:  
 X \_\_\_\_\_ Date \_\_\_\_\_
- X (if joint) \_\_\_\_\_

**Return form and contributions to:  
 IFAPAC; 2901 Telestar Court; Falls Church, VA 22042-1205 • Fax: 703-770-8151**