



## **Your Contribution Counts!**

### **Legislative Fund**

The purpose of the Legislative Fund is to finance TAHU's campaign to educate our Texas legislators and regulators on our industry through the efforts of TAHU's full-time advocate in Austin. TAHU will keep legislators and regulators posted on the impact their statutes and regulations have on the consumer and the industry in general.

### **TAHU Political Action Committee**

#### **(TAHUPAC)**

With TAHUPAC's ability to contribute to state legislators' campaigns, TAHU's voice will be heard. Legislators who support the preservation of the free market economy in the health care industry and maintenance of the role of the client advocate (the agent) in that system will know we are there to help them.

\$150 (\$12.50 per mo.) Gold    
  \$300 (\$25 per mo.) Platinum    
  \$600 (\$50 per mo.) Ruby  
 \$1,200 (\$100 per mo.) Diamond    
  Other \_\_\_\_\_

100% to Legislative Fund    
  50% to each Fund    
  100% to TAHUPAC  
 \$\_\_\_\_\_ to Legislative Fund & \$\_\_\_\_\_ to TAHUPAC

**Please Note: Federal regulations prohibit corporate contributions to TAHUPAC**

Name \_\_\_\_\_ Local Chapter \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

I have enclosed a **check** payable to TAHU for the selected level.

Please **charge** my contribution monthly in the amount of \$\_\_\_\_\_ to my credit card as follows:

We request that you reserve the monthly charge option for contributions of \$150 (\$12.50 per month) or more.

Please charge my contribution quarterly in the amount of \$\_\_\_\_\_ to my credit card as follows:

Please charge my contribution in the one-time amount of \$\_\_\_\_\_ to my credit card as follows:

MasterCard     Visa    Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Discover     American Express    VAL Number (3or4 digit number on card) \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Cardholder Address \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

This authorization is to remain in force until TAHU has received written notification from me of its termination.

I authorize Association Headquarters to charge my credit card as shown above.

I understand that the statement will read "Texas Association of Health Underwriters".

I understand that this contribution is not tax deductible.

**Or Convenient Bank Draft:** I authorize the Texas Association of Health Underwriters to initiate debit entries in the monthly amount \_\_\_\_\_ per month charging my checking account as described on the accompanying voided check. This authorization is to remain in force until TAHU has received written notification from me of its termination in such time and manner as to afford TAHU and my depository reasonable opportunity to act upon it.

Signature \_\_\_\_\_ SS # \_\_\_\_\_ **Please include a voided check.**

**Mail to:** TAHU, P.O. Box 266682, Houston, Texas 77207-6682 or fax to 844/274-3238 or email to [admin@tahu.org](mailto:admin@tahu.org).