

# CONTRIBUTION FORM ALA-PAC

I/we wish to contribute the following amount to the ALA-PAC

_____ \$2000	_____ \$300
_____ \$1000	_____ \$200
_____ \$750	_____ \$100
_____ \$500	_____ Other

*The amounts above are only suggestions, any amount may be contributed.*

**Personal check enclosed**

*Please know we can only receive personal contributions. By law business contributions are prohibited.*

**Please invoice me for the amount marked above**

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Company Affiliation \_\_\_\_\_

FAX TO: 214-698-9899  
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