

ACT NOW!

FSHHP PAC

ACT NOW!

ANNUAL CONTRIBUTION & PLEDGE CARD

To insure, maintain, and strengthen my practice rights in the State of Florida, I am contributing \$_____ now and pledge to contribute \$_____ when called upon.

Print name: _____

Email: _____

Address: _____

Payment Method: Check No: _____

City: _____

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Zip: _____

License #: AS _____

Current Voting District: _____ House _____ Senate

Zip code of CC _____

Signature: _____

NO CASH DONATIONS OVER \$50.00

Send to: FSHHP PAC 2709 Killarney Way, Suite 4, Tallahassee, FL 32309

THANK YOU FOR YOUR SUPPORT!

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