



West Virginia Emergency Medicine Political Action Committee Donation

Yes, I wish to make the following one time donation to the West Virginia Emergency Medicine Political Action Committee (Place an "x" next to your selection)

_____ \$25.00 (*Recommended Resident Donation*)

_____ \$50.00

_____ \$75.00

_____ \$100.00

_____ \$150.00 (*Recommended Attending Donation*)

_____ \$ _____

First Name: _____ Last Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Mobile Number: _____ E-mail: _____

Credit Card Number: _____ CSC: _____ Expires: ____ / ____

I authorize the West Virginia College of Emergency Physicians to make a one-time charge to the credit card listed above for the purposes of a donation to the West Virginia College of Emergency Physicians Political Action Committee.

 Signature

 Date