



Plastic Surgery Political Action Committee
150 West State Street, Suite 110
Trenton, NJ 08608
(609) 392-7553 Fax: (609) 392-2664

We'd like you to consider Plastic Surgery PAC contributions to be part of your monthly ritual expenses, just as you do for telephone, insurance, etc... We're proposing the equivalent of what a couple of exams each month are worth to you.

Please process my monthly contribution as follows:

- \$100 per month
- \$150 per month
- \$200 per month
- \$_____ per month

Or...please accept my one-time contribution in the amount of
\$_____.

Name _____

Practice/Group _____

Office Address _____

Office Phone _____

Email _____

CREDIT CARD INFORMATION *(use your personal or corporate credit card)*

- VISA** **MASTERCARD** **AMEX**

Cardholder Name _____

Account Number _____ Expiration Date _____

Signature (not valid without signature) _____

I authorize the NJSPS PAC to charge the amount indicated above to my credit card.

Please FAX Completed Form to 609-392-2664