



YES, I WANT TO HELP MY INDUSTRY BY SUPPORTING IAPAC! Contribution amount \$ _____

This is a(n):

Agency (business) contribution Personal contribution

PLEASE PRINT

Name: _____ Title/Occupation: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Phone: _____

PAYMENT METHOD

Check (payable to "IAPAC")

Credit card: American Express Visa MasterCard Discover

Name as shown on credit card: _____

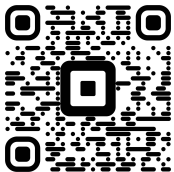
Card #: _____ Exp. Date: ____ / ____

Authorized Signature: _____ Date: ____ / ____ / ____

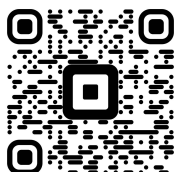
IAPAC

5784 Widewaters Parkway
1st Floor, Dewitt, NY 13214

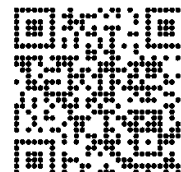
Fax: 888-432-0510 | Phone: 800-962-7950



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SCAN
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Contributions or gifts to IAPAC are not deductible as charitable contributions for purposes of federal income tax.