



RIOA-PAC – Results Driven.

Please use this form to help bolster the only political action committee in our state dedicated to you and your profession.

O.D. Name: _____

Donations by Personal Check

Yes, you can count on me. Enclosed please find a personal check (made payable to RIOA-PAC), in the amount of \$_____.

Donations by Credit Card

Yes, you can count on me. I authorize **RIOA-PAC** to charge \$_____ as my donation to RIOA-PAC in 2018.

(Please complete every field on the form as we have recently changed credit card merchants and will not be able to process your card without it.)

___ Credit Card – Please mail the registration to the address listed below or fax it to us at (401) 223-6400.

Name on Card: _____

Billing Address: _____

City: _____ ST _____ Zip Code _____

Card Number #: _____ / _____ / _____ Exp. Date: _____ / _____

Security Code (3 digit number on back of card) _____ Circle one: MC VISA DISCOVER

Please return this form to:
RIOA • PO Box 438 • Greenville, RI 02828 / fax (401) 223-6400