

DONATION FORM



☐ Other



Please select your giving level and contribution method below. If you are currently a member of ObesityPAC and wish to increase your contribution, please enter your new contribution amount below. The amounts below are merely suggestions; contributions in all amounts up to \$5,000 are accepted and appreciated.

Your Information		
Full Name:		
Enter your full name. This name will be used to sign the statement prior to completing your donation.		
Email:		
Address 1:		
Address 2:		
City:	State: Zip:	
Employer:		
Occupation:		
Pledge Your Support		
OPTION 1: ONE-TIME CREDIT CARD Please enter the amount you would like to contribute to the ObesityPAC.		
OPTION 2: RECURRING CREDIT CARD Please select or enter the recurring payment amount you would like to contribute to the PAC each month. Your credit card will be charged every month until you cancel your payments. To cancel your monthly payments anytime, please email info@obesitypac.org.		
CHOOSE A DONATION OPTION AND AMOUNT Select one amount in either option. To change your amount, unselect your previous choice.		
OPTION 1 - One-Time Credit Card	OPTION 2 - Recurring Credit Card (monthly)	
□ \$250 once	□ \$21/month (\$252/year)	
□ \$500 once	□ \$42/month (\$504/year)	
□ \$1,000 once	□ \$84/month (\$1,008/year)	
□ \$2,500 once	☐ \$209/month (\$2,508/year)	
□ \$5,000 once	□ \$416/month (\$4,992/year)	

☐ Other



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Payment Info Credit Card	
Name: Amount:	/isa □ Mastercard □American Express □ Discover
Card Number: Ex	p. Date: CVV:
Card Holder Name: Signature:	
Billing Address:	
City: Sta	ate: Zip Code:
Payment Info Check Remit to: American Society for Metabolic and Bariatric Surgery 100 SW 75th Street, Suite 201, Gainesville, FL, 32607 Authorization: OBESITYPAC DONATION POLICIES Contributions to ObesityPAC are not deductible as charitable contributions for feare voluntary, and all members of ASMBS have the right to refuse to contribute to ObesityPAC from accepting contributions from foreign nations. Federal law requicollect and report the name, mailing address, occupation, and the name of the exceed \$200 in a calendar year. ObesityPAC is a program of the ASMBS, which section 501 c (6) of the Internal Revenue Code. □ I have read & understand the policies.	without reprisal. Federal law prohibits lires ObesityPAC to use its best efforts to employer of individuals whose contributions
Citizenship Requirement: ☐ Please check to indicate that you are a U.S. citizen or a foreign nationa	l admitted for permanent residence.
Signature:	Date:

Contributions to American Society for Metabolic and Bariatric Surgery Political Action Committee, Inc. (ObesityPAC) are not deductible as charitable contributions for Federal income tax purposes. ObesityPAC is funded by voluntary contributions. You have the right to refuse to contribute without reprisal. Contributions will be used for political purposes. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year. The recommended contribution amounts are only suggestions. You may give more or less than the suggested amount. The American Society for Metabolic and Bariatric Surgery will not favor or disadvantage anyone by reason of the amount of their contribution or their decision not to contribute. Contributions must be made with personal funds only. You must be a US citizen or permanent resident (green card holder) to contribute.

Information

For additional information contact ASMBS at info@asmbs.org or call (352) 331-4900.