



NAA Use Only

ID #: _____

Date Received: _____



2021 Contribution Form

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

(Please make sure address matches the billing address for the credit card)

Phone: _____ Email: _____

Designate my contribution to the following NAA Affiliate's Fund our Future Goal!

NAA Affiliate Name: _____

Did a NAAPAC Trustee or Ambassador ask you to contribute? If so, who? _____

NAAPAC Monthly Club

(Select one)

- \$50 for 10 months = \$500 \$20 for 10 months = \$200
- \$40 for 10 months = \$400 \$10 for 10 months = \$100
- \$30 for 10 months = \$300

Please charge the amount indicated above to my **personal credit card**.

I would like to pay \$ _____ monthly for 10 months with my personal credit card:

- American Express Visa Mastercard Discover

Number: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

Completed donation forms must be emailed to pac@naahq.org or mailed to:

National Apartment Association
 ATTN: NAAPAC
 4300 Wilson Boulevard, Suite 800
 Arlington, VA 22203

NAAPAC contributions are not tax deductible. Federal law requires political committees to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. All contributions to NAAPAC are voluntary. You may refuse to contribute without reprisal.