

Support

HEALTHCARE FREEDOM SUPERPAC

I want to	o help the	Healthcare	e Freedom Su	iper PAC elect
and re	e-elect mer	nbers of th	e medical co	ommunity to
		Cong	ress.	
Please accept my contribution of:				
\$ 50	\$100	\$250	\$1,000	□ \$5,000
Othe	r \$			

Please Provide The Following Information:

Individual or Corporate Donor Name

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HOW TO DONATE

To donate by check:

Make check payable to Healthcare Freedom Super PAC

Mail both this card and check to P.O. Box 2485, Springfield, VA 22152

Contributions are not tax deductible. Contributions cannot be accepted from foreign nationals, non-U.S. Corporations, federal contractors, or if made in the name of another person or entity. 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.