

# PAC insure your FUTURE

## InsurPac

Independent Insurance Agents & Brokers  
of America  
C/O IIANC  
101 Weston Oaks Court, Cary, NC 27513  
P: 202-863-7000 [InsurPac@iiaba.net](mailto:InsurPac@iiaba.net)

## NCPAC

Small Business PAC of IIANC, Inc.  
101 Weston Oaks Court, Cary, NC 27513  
P: 919-828-4371 [dbaldwin@iianc.com](mailto:dbaldwin@iianc.com)

Return PAC contribution forms to the address above or via fax (919-882-9883) or email ([dbaldwin@iianc.com](mailto:dbaldwin@iianc.com)).

### InsurPac Contribution

Yes, I want to INSURE MY FUTURE with a Personal Contribution to **InsurPAC!** (Check contribution below).

\$5000 Millennium       \$2500 Platinum       \$1000 Centennial       \$500 Gold  
 \$250 Pioneer       \$150 Founder       \$100 Young Agent       Other \$ \_\_\_\_\_

### NCPAC Contribution

Yes, I want to INSURE MY FUTURE with a Personal Contribution to **NCPAC!** (Check contribution below).

\$5000 Millennium       \$2500 Platinum       \$1000 Centennial       \$500 Gold  
 \$250 Pioneer       \$150 Founder       \$100 Young Agent       Other \$ \_\_\_\_\_

### Contributor Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Address \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ Email: \_\_\_\_\_

Are you a Young Agent? (under 41 yrs):  Yes  No If yes, please give birth date for our records only: \_\_\_\_\_

### Payment Information (All contributions must be made by PERSONAL check, credit card, or bank account.)

**PERSONAL CHECK** ~ Separate personal checks made payable to InsurPAC and NCPAC.

\$ \_\_\_\_\_ to InsurPAC      \$ \_\_\_\_\_ to NCPAC

**PERSONAL CREDIT CARD** ~ *personal credit card* contribution.  One time  Monthly

\$ \_\_\_\_\_ to InsurPAC      \$ \_\_\_\_\_ to NCPAC

**PERSONAL BANK DRAFT** ~ *personal bank draft* contribution.  One time  Monthly

\$ \_\_\_\_\_ to NCPAC (not available for InsurPAC)

Monthly payments will process on the 15th of each month and will continue until you provide written request to terminate no less than (15) days prior to the next transaction date

**Credit Card or Debit Card:** Name on Card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ CVV2#: \_\_\_\_\_

Billing Address or  same as above: \_\_\_\_\_

**EFT Payment by Bank Draft:**  Checking Account  Savings Account

Name of Bank: \_\_\_\_\_ Name of Signee: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Contributions or gifts to InsurPAC and NCPAC are not deductible as charitable contributions for purposes of federal income tax. Federal and State laws require us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer for each individual. Your contribution should be considered strictly voluntary. Any corporate contributions are prohibited.