



AHA Trustee Leadership Network



Dear Colleague:

Be one of the many Trustee Leadership Network members who support our Political Action Committee!

Please join us as we kick off our 2007 American Hospital Association Political Action Committee (AHAPAC) fundraising campaign.

Why do we ask for your AHAPAC support? Through our representation and advocacy, Trustee Leadership Network PAC contributions ensure that hospitals' perspectives and needs are heard and addressed in Washington, D.C.

Support of the PAC is a critical piece of the AHA advocacy agenda. The PAC is the best vehicle we have to assure a political voice and presence on Capitol Hill. This advocacy works toward passage of critical legislation to provide hospitals with the resources to serve their communities 24 hours a day.

Together with the AHAPAC, we can help elect people who care about America's hospitals and health systems and the patients they serve.

All Trustee Leadership Network members are encouraged to participate in the PAC at the level commensurate with their position and ability. Members contributing \$250 or more in 2007 are also invited to the 2008 Capitol Club Luncheon held during the AHA Annual Membership Meeting in Washington, DC.

Supporting the AHAPAC produces real political power by allowing us to take our case directly to our representatives and senators in Washington, D.C. It gives health care leaders a real voice.

Complete the enclosed campaign registration form below and return it with your contribution to Katie Vaughn (kvaughan@aha.org). Any amount is greatly appreciated!

Thank you for your participation in this important effort!



2007 AHAPAC Campaign Registration Form

Name _____

Title _____

Employer/City/State _____

Home Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail (Required) _____

PAC MEMBERSHIP OPTIONS

- Membership: \$75
- Capitol Club: \$250
- Chairman's Circle: \$500
- Ben Franklin Club: \$1,000
- I would like to contribute \$ _____ to the PAC. *Any amount is greatly appreciated!*

Name _____

PAYMENT OPTIONS

- Personal check made payable to the AHAPAC.
(Mail your contribution to the AHAPAC at 325 7th Street, NW, Suite 700, Washington, DC 20007)
- Please charge \$ _____ to my **personal** AMEX, VISA, MC credit card.

(Sorry, no corporate credit cards can be accepted – must be personal credit card).

Account No. _____

Expiration Date _____

Signature _____

Fax your completed form to the AHAPAC at (202) 626-2332.

Questions? Please contact Katie Vaughan at kvaughan@aha.org.

Contributions or gifts to the AHAPAC are not deductible as charitable contributions for federal income tax 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.