

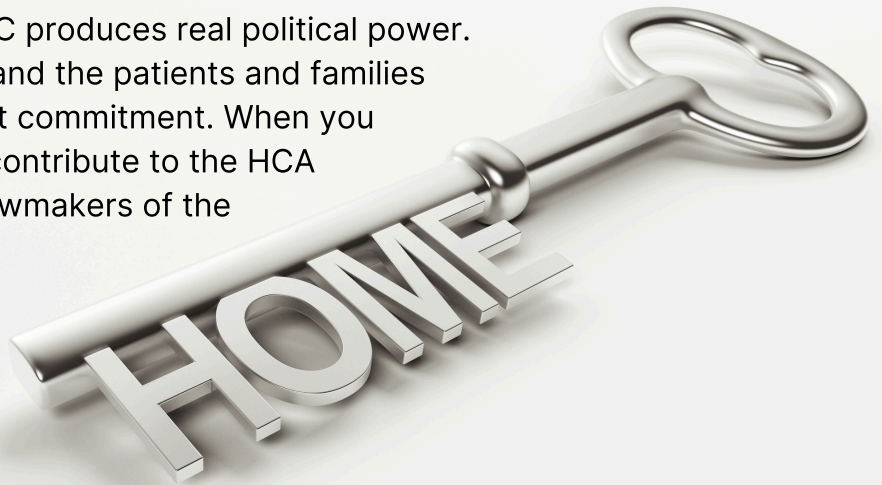
HOME CARE IS THE KEY TO OPENING DOORS!

HCA Political Action Committee (HCA PAC) offers a means for HCA members and individuals concerned with the challenges confronting home care to support worthy candidates for state elected office.

A strong PAC is a useful advocacy tool that can strengthen the voice of home care in public policy efforts. HCA's PAC will help continue HCA's strong presence in advocating at the state level for your interests.

Your participation in the HCA PAC produces real political power. Protecting home care providers and the patients and families we serve cannot be done without commitment. When you and your home care colleagues contribute to the HCA PAC, it reinforces and reminds lawmakers of the importance of home care.

Contributions to the HCA PAC are dedicated to helping elect lawmakers that care about preserving and protecting the home care safety net in New York State. Help us make home care's message clearly heard by policymakers in Albany!



HCA | PAC

www.hca-nys.org/advocacy-pac/pac



Please use this QR Code to make your HCA PAC Donation. Or, submit your completed HCA PAC donation form (on the back) to an HCA Staff Member.



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Voluntary contributions may be accepted from any U.S. citizen and for-profit corporations. Contributions from tax-exempt, not-for-profit corporations cannot be accepted. Any eligible corporation is limited by NYS law to contributing no more than \$5,000 for all political activity during a calendar year; all employees of HCA's member organizations can contribute to the HCA PAC.

Participation in the HCA PAC is voluntary and contributions are not tax-deductible. Any amount is welcome. If contributions are made by individuals from each HCA provider agency member in the state, the HCA PAC would be hugely successful.

HCA PAC DONATION INFORMATION

Name

Occupation/Title

Home Address

City/State

Daytime Phone

Email Address

Home Care/Agency Name

CONTRIBUTION

I will contribute to the HCA PAC with the following:

___ \$5,000 ___ \$2,000 ___ \$1,000

___ \$500 ___ \$250 ___ \$100

___ \$50 ___ \$25 ___ \$10

This is a (check one):

___ One-Time Donation ___ Monthly Donation

and I would like HCA PAC to charge me via (check one)

___ Credit Card ___ PayPal Invoice/Request ___ Email/Paper Invoice

PAYMENT

Online: Go to www.hca-nys.org/advocacy-pac/pac

Checks: Must be made out to: HCA PAC and mailed to 260 Washington Avenue Extension, Suite 100, Albany, NY 12203

Personal Credit Card

Please indicate card type: ___ VISA ___ MasterCard ___ AmExp

Card Number

Expiration Date

Security Code

Name on Card

Card Billing Address

City, State, Zip

Cardholder's Signature

Anonymous contributions are prohibited. However, if you do not want your name to be published in recognition materials, please check here: _____