



BROWN BAG INITIATIVE

NCATL PAC CONTRIBUTION FORM

Monthly Contribution Amount (*check one*):

- \$45 Hero Level
- \$25 PB&J Level
- Other \$ _____

DATE _____

Contributor Information:

Full Name _____

Firm Name _____

Business Address _____ City/State/ZIP _____

Partnership Account:

If your contribution will be made from a partnership account, please check here _____ and note that we will assume the entire contribution will be paid from your portion of partnership assets. If this is not the case, please state what portion will be charged to you, as well as what partner(s) will be responsible for the remainder of the contribution: Portion _____ %; Partner Name(s) _____

Payment Information: [Choose (A) or (B)]

(A) BANK DRAFTS: [ATTACH VOIDED CHECK]

For the purpose of paying monthly contributions to the NCATL and AAJ political action committees, I have given authority to the:

Bank Name _____ Address _____ City _____ State _____ Zip Code _____

to honor and charge my **PERSONAL** checking account # _____ drafts in the above stated monthly accounts beginning _____ and each month thereafter, until this authorization is revoked, such draft to be drawn by and payable to the state and federal trial lawyers association.

IT IS AGREED THAT: (1) Each draft, upon being charged to one of my account(s) by the respective bank(s) shall be my receipt for payment for the designated contribution. (2) I reserve the right to revoke the authorization by giving written notice to the above-named state and federal trial lawyer political action committees and to the aforesaid bank.

TO THE BANK: I HEREBY request that, as a convenience to me, you honor drafts in payment of contributions drawn on my account and payable to the order of the above-named state and federal political action committees and charge each such draft to my account upon presentation thereof each month, signed personally by me.

X _____
(Authorized signature for personal checking account - must be the same as signature at bank)

(B) CREDIT CARDS

Charge my **PERSONAL** credit card (MasterCard, VISA or American Express) in the monthly increments as stated above.

Credit Card Type _____ Credit Card # _____ Expiration Date _____

X _____ (As it appears on card)

Thank you! Please mail form to NCATL, P.O. Box 10918, Raleigh, NC 27605-0918 or fax to 919-832-6361. If you have questions contact Todd Barlow at 919-832-1413.

Your automatic monthly contribution is directed as follows: 75% to NCATL PAC and 25% to AAJ PAC - unless you direct differently. AAJ handles the automatic contribution's administration and fees.