



Contribution to SFMMS PAC (ID #881748)

Please fill out COMPLETELY

Please PRINT/TYPE your name: _____

I want to contribute at the following level to keep medicine strong in San Francisco and Marin:

\$1,000 [] \$500 [] \$250 [] \$100 [] \$50 [] Other \$ _____

[] Check enclosed [] Please bill my: VISA Mastercard Amex **(please circle one)**

Credit card # _____ Exp. Date: _____

Billing address for card (w/zip): _____

Signature: _____

Contribution type: Individual [] Company []

If individual, list employer (including self); if company, list company name:

Please return your completed form to:

SFMMS PAC
2720 Taylor Street, Suite 450
San Francisco, CA 94133

"Fostering political and legislative awareness and involvement"