

# 2024 HCAM PAC Campaign Contribution Form



Mail your contribution to:

HCAM PAC  
7413 Westshire Dr.

Please include this form for every contribution.

You can also make credit card contributions  
online at [www.hcam.org](http://www.hcam.org).

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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Business Address: \_\_\_\_\_

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**Please complete this form in its entirety. Incomplete forms may be returned.**

*State law requires HCAM PAC to report the information requested to the Secretary of State.*

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ American Express \_\_\_\_ Discover

Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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**Contribution Amount:**

**\$** \_\_\_\_\_

Please make checks payable  
to

For further information, please contact [richfarran@hcam.org](mailto:richfarran@hcam.org)

Paid for by the Health Care Association of Michigan Political Action Committee

Phone: (517) 627-1561 Fax: (517) 627-3016