

## **2025 PAC EVENT**

Wednesday, May 21, 2025 | 5:30 - 6:30 PM **TICKET FORM** 

## **PROTECT CARE AT HOME!**

Tickets \$100 per pe	<u>rson</u>
Please indicate who will pick-up the tickets on-site:	
Name:	Company:
Number of tickets p	ourchased:
Non-profit companies	ting Details: equirements mandate that you complete <u>all fields below</u> . are prohibited from making company contributions but their individual a personal contribution.
	Individual Contribution   Company Contribution
Type of credit card:	□ Mastercard □ Visa □ AMX
BILLING ADDRESS OF	CREDIT CARD
Street Address:	
City State Zip:	
Email:	
Name as it appears on	credit card:
Card Number:	
Expiration Date:	
Authorized Signature	

Email form to Mary Adorno at <a href="mailto:madorno@cahsah.org">madorno@cahsah.org</a>
THANK YOU FOR YOUR CONTRIBUTION TO OUR POLITICAL ACTION COMMITTEE!