

NJ Home Care & Hospice Political Action Committee (NJHCH PAC)

The Home Care & Hospice Association of NJ Board of Directors voted to create a political action committee, the NJ Home Care & Hospice PAC (NJHCH PAC) to offer members concerned with challenges confronting the home care community the means to support worthy candidates for state elected office. The purpose of NJHCH PAC is to support the full scope of home care providers, including home health agencies, hospices and health care service firms throughout New Jersey.

NJHCH PAC will support by lawful means candidates in New Jersey, regardless of their political affiliations, who are dedicated to good government and have an appreciation of the importance of health, home care and hospice providers and the services they offer.

Your participation in the NJHCH PAC produces greater political power. Protecting home care and hospice providers and the patients and families we serve cannot be done without commitment.

Your support is needed to elevate the voice of the home care and hospice community in NJ.

PAC Contributor Levels *(Please select Amount)*

- | | | | |
|---|-------------------|----------------------------------|---------------|
| <input type="checkbox"/> Gold Dome | \$5,000 - \$7,200 | <input type="checkbox"/> Gallery | \$500 - \$999 |
| <input type="checkbox"/> Senate Chamber | \$2,000 - \$4,999 | | |
| <input type="checkbox"/> Assembly Chamber | \$1,000 - \$1,999 | | |

FOR PROFIT COMPANIES ARE ENCOURAGED TO CONTRIBUTE TO THE PAC AND MAY CONTRIBUTE UP TO \$7,200.00 PER CALENDAR YEAR UNDER NEW JERSEY CAMPAIGN FINANCE LAW. NON-PROFIT COMPANIES CAN NOT MAKE COMPANY CONTRIBUTIONS, BUT INDIVIDUALS ARE ENCOURAGED TO SUPPORT THE PAC WITH VOLUNTARY CONTRIBUTIONS MADE WITH PERSONAL FUNDS. CONTRIBUTIONS TO THE PAC MAY NOT BE REIMBURSED AND ARE NOT DEDUCTIBLE AS A BUSINESS EXPENSE OR FOR FEDERAL INCOME TAX PURPOSES. Partnerships, LLPs, and LLCs may not contribute as entities, but a contribution may be drawn on the account of a partnership, LLP, or LLC and is treated as a personal contribution by the partner or member who signs the check or written interest.

► **Check Payment:** Check # _____ Payment Amount \$ _____

**Checks must be payable to the "NJ Home Care & Hospice PAC"

► **Credit Card Payment Options:**

Total Contribution Amount \$ _____ (Please do not send cash)

One-time Payment OR

Enroll in Auto-Payments: Total contribution to be divided into 2 payments (January and June)

Card: Visa MasterCard

Name as it Appears on Credit Card: _____

Company Name as it Appears on Credit Card: _____

Credit Card Number: _____

Exp. Date: _____ CVV #: _____

Billing Address of Cardholder: _____

Printed Name: _____

Authorized Signature: _____
