## Payment options

O Bill my credit card.

 My check is enclosed, payable to Friends of Indiana Hospitals PAC.

Or make an online donation at IHAconnect.org/Advocacy/Friends

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Contributions or gifts to the AHAPAC are not tax deductible. Your contribution is important to us, but we want to emphasize that all contributions are voluntary and have no impact on your job status, performance review, compensation or employment. The purpose of AHAPAC is political; you have the right to refuse to contribute without reprisal. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year (January-December).

I have been informed of the political purpose of the Friends of Indiana Hospitals PAC; my contribution is voluntary. I have also been informed of my right to refuse to contribute without reprisal.

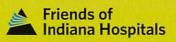
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Х\_\_

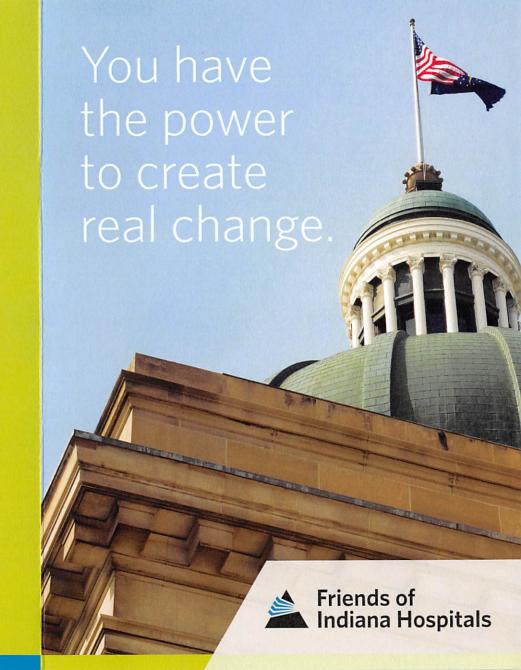
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Friends of Indiana Hospitals Political Action Committee

Join your peers in shaping health policy by making a financial contribution to Friends.

Learn more about Friends at IHAconnect.org/PAC



500 N. Meridian Street, Suite 250 Indianapolis, IN 46204 317-633-4870



The Friends of Indiana Hospitals Political Action Committee (Friends) works to improve health care in Indiana – by helping to elect pro-hospital policymakers who can affect change for and protect the interests of patients and health care institutions across Indiana.

The PAC is vital to advancing sound health policy and defending against harmful legislation.

By contributing to Friends and taking action in grassroots advocacy, you are playing a proactive role in advancing our collective mission to improve the health of Indiana.

MAKE YOUR DONATION TODAY,

AND MAKE A DIFFERENCE FOR HOOSIERS.







### ADVOCATE

for positive health policy



#### IMPACT

health care legislation



#### JOIN

a network of hospital advocates



#### INVEST

in stronger hospitals and improved health for all Hoosiers

# Enclosed is my personal contribution

O \$1,000 Ben Franklin Club

O \$500 Chairman's Circle

O \$350 Capitol Club
O \$150 Helen H. Barrett Club

O Other \$

Fifty percent of all contributions from eligible club-level donors (\$150 and above) will go to support the American Hospital Association's federal PAC, AHAPAC, unless you opt out below:

O I do not wish to have a portion of my contribution given to support the AHAPAC.

Date	
Name	
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Are you a hospital employee, salaried physician, or compensated trustee?

O Yes

O No