

**PMA Political Action Committee  
Pledge Card**

Name \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Pledge Amount:

\$50

\$100

\$250

\$500

\$1,000

Check Enclosed

Fax Credit Card Authorization Form to: 678-947-3474

Credit Card \_\_\_\_\_

Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Billing Address on Card (if different from above)

\_\_\_\_\_

**Thank you. Your PAC dollars support industry friendly candidates.  
Note: Funds will be distributed only to candidates for state-level office.  
Personal or company checks are accepted.  
Make check payable to: PMA PAC**