

Tennessee Physical Therapy-
Political Action Committee
Contribution Form



Giving levels:

Bronze (\$25-49)

Silver (\$50-99)

Gold (\$100-249)

Platinum (\$250 +)

Name _____

Occupation _____

Email _____ Employer _____

Address _____

City, State, Zip _____

- I am sending a check in the amount of \$_____. Make personal checks only to TPT-PAC; send to TPT-PAC treasurer:
Jody Swearingen
1005 Achiever Circle
Spring Hill, TN 37174
- I would like to make a one time contribution of \$_____ by credit card (\$10 minimum):
- I would like to make monthly credit/debit payments I am pledging a monthly contribution for _____ year(s) of:

_____ \$10	_____ \$30	_____ \$50	_____ \$70
_____ \$15	_____ \$35	_____ \$55	_____ \$75
_____ \$20	_____ \$40	_____ \$60	_____ \$80
_____ \$25	_____ \$45	_____ \$65	_____ \$100

Credit Card Account # **VISA/Mastercard Only** Exp. Date

Name as it appears on Credit Card

Signature