

Ohio Athletic Trainers Association Political Action Committee

Ohio law requires us to collect and report the name, mailing address, and occupation of individuals whose contributions exceed \$100 per calendar year. No Corporate Checks.

Name: _____

Company: _____

Occupation: _____

Home Address: _____

City/State/Zip: _____

Phone: () _____ Email: _____

Credit Card # (if applicable) _____

Security Code _____

Expiration date _____

____ Visa ____ MasterCard ____ Discover ____ American Express

Contribution Enclosed: \$ _____

____ By checking this box I certify that this contribution represents my personal funds and is not drawn on an account maintained by an incorporated entity or other prohibited sources. I am a United States Citizen or permanent resident alien. The credit card used to make this contribution is in my name and I am financially responsible for the charges made to the card. The funds I am donating are not being provided to me by another person or entity for the purpose of making this contribution.

____ Cash ____ Check ____ Credit Card Mail to:

Michael Willets, MS, AT – OATAPAC Treasurer 2734 Country Squire Drive
New Carlisle, Ohio 45344