



AGRMA

POLITICAL ACTION COMMITTEE
Arkansas Grocers & Retail Merchants Association

AGRMA ♦ PAC CONTRIBUTION FORM

ABOUT YOU

Name _____ Job Title _____
Company _____
Business Address _____
City, State, Zip _____
Business Phone _____ Fax _____
Email _____ Website _____

PAC CONTRIBUTION

PAC Contribution Amount \$ _____

By law no political action committee can accept any contribution or cumulative contributions in excess of five thousand dollars (\$5000) from any person or corporation in any calendar year.

Arkansas law allows contributions from individuals or corporations.

METHOD OF PAYMENT

Check # _____ (Payable to AGRMA PAC; mail to: AGRMA 1123 S. University Ave., Suite 718, Little Rock, AR. 72204)

Credit Card Payment Visa MasterCard American Express

Account Number _____ Security Code _____ Exp. Date _____

Name as it Appears on Card _____

By typing your name you are authorizing AGRMA to process your payment

Signature _____

Thank You for your contribution to the AGRMA PAC!

For more information about AGRMA – or benefits of membership visit www.agrma.org