



Dermatology PAC of Florida Contribution Form

**I want to help my PAC identify and assist
candidates who support DERMATOLOGY in the state of Florida!**

Individual or Business name: _____ Date _____

Address: _____

City: _____ State: _____ Zip code: _____

My contribution to the Dermatology PAC of Florida is:

- \$5000 Diamond \$500 Gold \$100 Bronze
 \$1000 Platinum \$250 Silver

Payment Method

- Check (please make individual or business check payable to **Dermatology PAC of Florida**)
 VISA MasterCard AMEX

Credit card issued in name of: _____

Card number: _____ Exp. date: _____

Signature: _____ Card security code _____

Billing address: _____

Email (for payment confirmation) _____

(Under Florida law, both personal and business contributions are acceptable.)

CONTRIBUTE ONLINE AT FSDDS.ORG – Click PAC Logo

BY MAIL Dermatology PAC of Florida

6134 Poplar Bluff Circle, Suite 101

Norcross, GA 30092

BY FAX: 305-422-3327 or EMAIL: FSDDS@ATT.NET

Under present law, no deduction is allowed for any amount paid for participation in, or intervention in, any political campaign on behalf of (or in opposition to) any candidate for public office. Personal and/or business contributions are permitted.