



# 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:

- \$500 Silver                       \$5000 Platinum  
 \$250 Bronze                       \$1000 Gold                       Other \_\_\_\_\_

### 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](http://FSDDS.ORG)**  
**BY MAIL Dermatology PAC of Florida**  
**11891 Magnolia Falls Drive Jacksonville, FL 32258**  
**BY FAX: 904-880-0034 or EMAIL: [FSDDS@ATT.NET](mailto: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.