

**** 615-628-0208

2024 SOLICITATION

TENNESSEE DENTAL PAC / CAPITOL CLUB CONTRIBUTION LEVELS

☐TN Dental PAC Basic	(Less than \$150)			
Capitol Club Silver Capitol Club Gold Capitol Club Platinum Other \$	(\$150 - \$299) (\$300 - \$549)		send in your contribution before ber 31, 2024 to be recognized as a Capitol Club member.	
PERSONAL INFORMATION				
Name		Address		
ADA #		City		
Email address		State	Zip	
CONTRIBUTION INFORMATI	ON			
Check one: Cash Check	Personal Credit Car	d 🗌 Corporate C	redit Card* VISA/MASTERCARD ONLY	
*All checks payable to Tenn * If you are incorporated & are usin		, name of corporat	ion:	
\$				
Amount	Name (as it	Name (as it appears on card)		
Card Number	Tennesse	Return form and contribution to: Tennessee Dental PAC, 660 Bakers Bridge Ave Ste. 300, Franklin, TN 37067		
Expiration Date	Please in	Please include me as a TDA legislative contact for:		
CCV2 Code (back of card)				

Contributions are not deductible for federal income tax purposes. Federal law requires political committees to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Tennessee law requires political committees to report the same information for those who contribute more than \$100 during the designated reporting period.

*Tennessee PACs can now accept an unlimited amount from corporations but must report these as the organization on the Campaign Financial Disclosure Statements.