



**Independent Insurance Agents & Brokers of America, Inc.**

20 F Street NW, Suite 610 • Washington, DC 20001

202.863.7000 • F:202.863.7015 • InsurPac@IIABA.net

Name: \_\_\_\_\_ Title/Occupation: \_\_\_\_\_

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Suggested Contribution:** \$ \_\_\_\_\_

I am a Young Agent

**One-Time Payment (Check or Credit Card)**

- \$5,000 Millennium Club       \$1,000 Centennial Club       \$250 Pioneer Club       \$100 Contributor
- \$2,500 Platinum Club       \$500 Gold Club       \$150 Founders Club       \$\_\_\_\_\_ (Other)

**OR**

**Monthly Payments (credit card withdrawal on the 15th of each month)**

Start Month: \_\_\_\_/\_\_\_\_/2017     \$250 Month     \$50 Month     \$10 Month

End Month: \_\_\_\_/\_\_\_\_/\_\_\_\_     \$100 Month     \$25 Month     \$\_\_\_\_Month

No end date

**Personal Check (payable to “InsurPac”)**

**Credit Card:**  American Express     VISA     Mastercard

Card Number: \_\_\_\_\_ CVV Code: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*\*\* All forms of payment must be by personal check, credit card or non-incorporated LLC or Partnership check. \*\*\*\***

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Contributions or gifts to InsurPac are not deductible as charitable contributions for purposes of federal income tax. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution should be considered strictly voluntary.