



2016 Contribution Form

NAA Use Only
ID #:
Date Rec'd:

Name: _____ Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Designate my contribution to the following NAA Affiliate's Fund our Future Goal

Affiliate Name: _____

NAAPAC Contribution

_____ \$5,000 (Maximum)	_____ \$2,500	_____ \$1,000
_____ \$500	_____ \$250	Other \$ _____

Form of Payment

_____ **Check**

I have enclosed a personal check made payable to "NAAPAC" for the amount indicated above.

_____ **Credit Card**

Please charge the amount indicated above to my personal credit card.

I would like to pay: **In Full** / **Monthly** / **Quarterly** (circle one)

_____ American Express _____ Visa _____ MasterCard

Number: _____ Exp. Date: _____

Name as it appears on card: _____

Signature: _____

Completed contribution forms must be faxed to the secure line (703)-248-9443 or mailed to:

National Apartment Association
 Attn.: NAAPAC
 4300 Wilson Boulevard, Suite 400
 Arlington, VA 22203

NAAPAC contributions are not tax deductible as charitable contributions for federal income 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. All contributions to NAAPAC are voluntary. You may refuse to contribute without reprisal.