Alaska Medical Political Action Committee (ALPAC)			
c/o Alaska State Medical Association 4107 Laurel Street • Anchorage AK 99508 • 907-562-0304 • asma@asmadocs.org			
Date:	Phone #:	Email:	5
Printed Name:			
CC Billing	Address:		
Occupat	ion:		Amount:
Credit Card/ Check #:		Exp. Date:	CVS code:
Signat	ure:		
The amoun	donation is f	Indidates advocating issues in the best interest from a personal, not a business account. ase make checks out to ALPAC	t of medicine. I attest that this