

AAMB PAC, INC

Required information:

Name _____ Address: _____

City _____ State _____ Zip _____

Telephone _____ Residence Telephone _____

Individual Information:

Circle the appropriate one: Unrelated individual. Candidate or candidate's family.

Occupation: _____ Employer: _____

Additional Information: Fax _____ E-mail _____

Affiliation _____ (to someone in the PAC or to a Candidate)

Product Purchased (if applicable): _____ Amount \$ _____

Contribution: Check one: One-time contribution \$ _____
 Monthly contributions \$ _____ per month

Make check payable to AAMB PAC and send to P.O. Box 487, Peoria, AZ 85380-0487

OR
Charge my credit card # _____ Exp _____ \$ _____
We accept only Visa, MasterCard, Amex and Disc

Name on card _____ Cardholder Signature _____
If at any time you want to change your monthly contributions, Fax a signed notice to AAMB at 623 972 6192.

Contributions from **COMPANIES** will be deposited to the Fund Raising Account of the Arizona Association of Mortgage Brokers and are not considered PAC contributions.

Company Name _____ Address _____

City _____ State _____ ZIP _____

Contact _____ Telephone _____

Make check payable to AAMB and send to P.O. Box 487, Peoria, AZ 85380-0487

OR
Charge my credit card # _____ Exp _____ \$ _____
We accept only Visa, MasterCard, Amex and Disc

Name on card _____ Cardholder Signature _____

If you have any questions, contact PAC Chair, Tammy Medigovich at (602) 230-9393
or AAMB Executive Director, Dorothy Dumnich at (623) 972 6180