



Yes!

I want to support those who support us!

Enclosed is my contribution of:

\$5,000* \$2,000 \$500 Other \$_____

** Maximum allowed by law: \$5000 per individual per calendar year*

Please make checks payable to: **ALC PAC**
Mail to: 1600 K Street NW, Suite 601
Washington, DC 20006

Federal law requires us to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 per year.

Full Name: _____

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City: _____ State: _____ Zip: _____

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Phones (optional) Home: _____ Work: _____

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Contributions also can be made online at www.aaleadershipcouncil.org

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