ANDPAC CONTRIBUTION REQUEST FORM

All requests must include a fundraiser invitation or other supporting information
Email the completed form to andpac@eatright.org

Name of Candidate or Member: ____________________________________________________________

Type Race: (circle one) House/Senate   Stage: (circle one): Primary/ General   Party: ☐ Republican ☐ Democrat ☐ Independent

State: ___________________________ District: (House only) ________________________________

Name of Campaign (e.g. Smith for Congress): _____________________________________________

Campaign Point of Contact: ___________________________ Campaign Phone Number: ___________

Type of Event: ________________________________

Cost of Event: ___________________________ Date of the event: ______________________________

Requestor Name/Affiliate: _______________________________________________________________

Member ID: ____________________________

Email Address: ________________________________________________________________

Public Policy Coordinator Name: ______________________________________________________

Public Policy Coordinator Approval (Signature): ____________________________

All requests must be communicated to the Affiliate Public Policy Coordinator prior to sending your request to ANDPAC.
To find your Affiliate Public Policy Coordinator, please visit the Academy Leadership Directory or email ANDPAC at andpac@eatright.org

Please list the names of all members or staff who will attend this event: ____________________________

_________________________________________________________________________________

_________________________________________________________________________________

Address that you want the check to be mailed to: (Enter “Same” if it is the same as the address above)
_________________________________________________________________________________

_________________________________________________________________________________

Expected Outcome of this event: _________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

(For ANDPAC Office Use Only)

Amount Approved: ___________________________ Check # ________________________________

Approving Official: ________________________________________________________________