



Independent Insurance Agents & Brokers of America, Inc.
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Name: _____ Title/Occupation: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Suggested Contribution: \$ _____ I am a Young Agent

One-Time Payment (Check or Credit Card)

- Contribution options: \$5,000 Millennium Club, \$2,500 Platinum Club, \$1,000 Centennial Club, \$500 Gold Club, \$250 Pioneer Club, \$150 Founders Club, \$100 Contributor, \$_____(Other)

OR

Monthly Payments (credit card withdrawal on the 15th of each month)

- Start/End Month and payment amounts: \$250 Month, \$50 Month, \$10 Month, \$100 Month, \$25 Month, \$____Month, No end date

Personal Check (payable to "InsurPac")

Credit Card: American Express VISA Mastercard

Card Number: _____ CVV Code: _____ Exp. Date: ____/____/____

****All forms of payment must be by personal check, credit card or non-incorporated LLC or Partnership check.

Authorized Signature: _____ Date: ____/____/____

Contributions or gifts to InsurPac are not deductible as charitable contributions for purposes of federal income tax. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of \$200 in a calendar year.