



NAA Use Only

ID #:

Date Rec'd:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Designate my contribution to the following NAA Affiliate's Fund our Future Goal

Affiliate Name: \_\_\_\_\_

**NAAPAC Contribution**

\_\_\_\_\_ \$5,000 (Maximum)      \_\_\_\_\_ \$3,000      \_\_\_\_\_ \$1,000  
\_\_\_\_\_ \$500      \_\_\_\_\_ \$250      \_\_\_\_\_ \$100      Other \$ \_\_\_\_\_

**Form of Payment**

\_\_\_\_\_ **Check**

I have enclosed a **personal** check made payable to "NAAPAC" for the amount indicated above.

\_\_\_\_\_ **Credit Card**

Please charge the amount indicated above to my **personal** credit card.

I would like to pay: **In Full / Monthly / Quarterly** (circle one)

\_\_\_\_\_ American Express      \_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard

Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_

**Completed contribution forms must be faxed to the secure line (703)-248-9443 or mailed to:**

National Apartment Association  
Attn.: NAAPAC  
4300 Wilson Boulevard, Suite 400  
Arlington, VA 22203

NAAPAC contributions are not tax deductible as charitable contributions for federal income purposes. Federal law requires political committees to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. All contributions to NAAPAC are voluntary. You may refuse to contribute without reprisal.