

# RESPONSE TO SUPPORT DOCPAC AND EFFECTIVE MEDICAL LIABILITY REFORM

**YES, I wish to contribute \$ \_\_\_\_\_ to DOCPAC.**

*Federal law requires the following information. PLEASE PRINT CLEARLY.*

**1**  **I have enclosed a CHECK payable to DOCPAC.**

Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ My E-mail Address \_\_\_\_\_

Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_

*Please make checks payable to DOCPAC. DOCPAC is a voluntary political organization. According to federal income tax law, DOCPAC contributions are not deductible as charitable contributions. Contributions are requested for DOCPACs active in California, Colorado, Florida, Georgia, Montana, New York, Ohio, Oregon, Texas, Virginia, and Washington to engage in political action. Contributions from individuals in states without an active PAC will be directed to California DOCPAC. Contributions from individuals in states without an active PAC will be directed to Federal DOCPAC.*

**2**  **I authorize the use of my**  **Visa**  **MasterCard**  **American Express**

Name \_\_\_\_\_ Policy Number \_\_\_\_\_

Daytime Telephone \_\_\_\_\_ Fax \_\_\_\_\_

My E-mail Address \_\_\_\_\_ Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If not self-employed, name of employer \_\_\_\_\_ Occupation \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder or billing name as it appears exactly on the card \_\_\_\_\_

Authorized cardholder's signature \_\_\_\_\_ Date \_\_\_\_\_

Yes, I am interested in attending DOCPAC-sponsored political events in my legislative district.

Yes, I am interested in communicating with my legislative representatives regarding medical liability reform issues via:

Meeting  Telephone  Letters  E-mail

***Please complete and mail or e-mail this form with your financial support to:***

*Government Relations • The Doctors Company  
185 Greenwood Road • Napa, CA 94558  
governmentrelations@thedoctors.com*

 **THE DOCTORS COMPANY**  
medical malpractice insurance

thedoctors.com/docpac