



2020 Nevada Hospital Association



Contribution Form

Contributions to Nevada HealthPAC are not deductible as charitable contributions for federal income tax purposes.

Please Print Clearly: (contributor information is required for federal reporting purposes and must be completed)

Today's Date: _____

Name: _____ Title: _____

Hospital/Organization (to receive credit for your contribution): _____

Business Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

My Contribution Amount is: _____

[] I have enclosed a contribution check made payable to the Nevada HealthPAC in the amount of \$ _____

[] Please charge the above amount to my [] VISA or [] MasterCard [] Amex in the amount of \$ _____

Name on Card: _____ Signature: _____

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

Billing Address: _____

Please send completed form with payment to:

Nevada HealthPAC
C/O Nevada Hospital Association
5190 Neil Road • Suite 400
Reno, NV 89502

OR email to Sharyn Juarez at sharyn@nvha.net

OR fax to (775) 827-0190

For questions, please call the Nevada Hospital Association office at 775-827-0184.