

**Psychologists of Florida PAC
Contribution Form**

Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Occupation*: _____

Amount: \$ _____

Please mail this form along with your check to Psychologists of Florida PAC, PO Box 7416, Tallahassee, FL 32314.

** Required for state reporting*

Please note that contributions to a PAC are not tax deductible.