



MSA PAC Pledge Form

(Note: Information marked with an asterisk (*) is required by the Government Accountability Board)

*Name: _____

* Home Address:

Street _____

City _____ State __ Zip _____

* Employer Name: _____

*Employer Address:

Street _____

City _____ State __ Zip _____

*Occupation/Title: _____

Home Phone: _____ Business Phone: _____

Mobile Phone: _____ Email Address: _____

(This information helps us to contact you regarding your MSA PAC donation).

I pledge the following: \$50 \$100 \$250 Other _____

I enclose a personal check for \$_____ payable to "MSA PAC".

Signature: _____ Date: _____

This form and all checks made payable to "MSA PAC" should be sent to:

MSA PAC
c/o Lockridge Grindal Nauen, P.L.L.P.
100 Washington Ave S
Suite 2200
Minneapolis, MN 55401

Minnesota Society of Anesthesiologists (MSA)
Questions? (P): 414-389-8612 • office@msaconnect.org