



Please write personal checks to: **ATA TRUCK PAC**

Name\* \_\_\_\_\_

Address\* \_\_\_\_\_

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

Phone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Fax) \_\_\_\_\_

E-mail \_\_\_\_\_

Occupation\* \_\_\_\_\_  Please check if self-employed\*

Employer\* \_\_\_\_\_

Place  
Stamp  
Here

Check One:  MasterCard  VISA Please fill out information below.

Account Number\* \_\_\_\_\_ Mo. \_\_\_\_\_ Yr. \_\_\_\_\_  
Expiration Date\*

Card Billing Address\* \_\_\_\_\_ Card ZIP Code\* \_\_\_\_\_

Cardholder Signature \_\_\_\_\_ \$. \_\_\_\_\_  
Amount Date

Please Print Name

**\*Note: We cannot process your contribution unless we have this information.**

Political contributions are NOT deductible as charitable contributions for the purposes of federal tax.  
No corporate checks or corporate credit cards may be accepted. \$500 maximum.

**ATA Truck PAC**  
3443 Minnesota Drive  
Anchorage, Alaska 99503

**Paid for and authorized by ATA Truck PAC**  
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