



Independent Insurance Agents & Brokers of America, Inc.

20 F Street NW, Suite 610 • Washington, DC 20001

202.863.7000 • F:202.863.7015 • InsurPac@IIABA.net

Name: _____ Title/Occupation: _____

Business Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

Suggested Contribution: \$ _____

I am a Young Agent

One-Time Payment (Check or Credit Card)

- \$5,000 Millennium Club \$1,000 Centennial Club \$250 Pioneer Club \$100 Eqptkdwqt
- \$2,500 Platinum Club \$500 Gold Club \$150 Founders Club \$_____ (Other)

OR

Monthly Payments (credit card withdrawal on the 15th of each month)

Start Month: ____/____/2018 \$250 Month \$50 Month \$10 Month

End Month: ____/____/____ \$100 Month \$25 Month \$____Month

No end date

Personal Check (payable to “InsurPac”)

Credit Card: American Express VISA Mastercard

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

******All forms of payment must be by personal check, credit card or non-incorporated LLC or Partnership check.**

Authorized Signature: _____ Date: ____/____/____

Contributions or gifts to InsurPac are not deductible as charitable contributions for purposes of federal income tax. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and employer for each individual whose contributions aggregate in excess of \$200 in a calendar year. Your contribution should be considered strictly voluntary.