



Please consider supporting NARPM®'s governmental affairs efforts by becoming a NARPM® Triple Play Investor.

- Your Triple Play Investment supports three important NARPM advocacy initiatives: NARPM® PAC, the NARPM® Advocacy Fund*, and NARPM® 2019 Day on the Hill.
- You will be recognized as a NARPM® Triple Play Investor.
- AND your name will be included on the petition to be handed out with NARPM®'s Talking Points to all legislators NARPM® attendees are visiting. (We will send you a final copy of the Talking Points once they are complete.)

PLEASE PROVIDE CONTACT INFORMATION

Name _____
 Company _____
 Address Where You are Registered to Vote _____
 City _____ State _____ Zip _____
 Phone _____ Cell Phone _____
 Contact Email _____

***Only your name, city, and state will appear on the petition.*

Who is your Congressional Representative? _____
(The address where you are registered to vote determines your Congressional Representative.)

RETURN COMPLETED FORM

AMOUNT OF PAYMENT

NARPM Triple Play amount you would like to invest:
 \$ _____ NARPM® PAC
 \$ _____ NARPM® Advocacy Fund*
 \$ _____ NARPM® Day on the Hill

(Note: You must invest in all three funds and there is a minimum of \$25 each to NARPM® PAC, NARPM® Advocacy Fund, and NARPM® Day on the Hill.)

Payment must be received by 4/30/19.

If mailing a check:
 Mail completed form with payment to:
 NARPM®, Attn: NARPM® Triple Play,
 638 Independence Pkwy, Ste 100,
 Chesapeake, VA 23320

If using a credit card:
 Email completed form with payment information to: info@narpm.org

For additional information:
 Contact Alison LaMura, NARPM®
 Legislative Support Specialist at
alamura@narpm.org

METHOD OF PAYMENT

(You will need to choose more than one method to cover the full Triple Play Investment.)

Personal or corporate check enclosed for \$ _____ made payable to **NARPM** for my investment in DOTH and the NARPM® Advocacy Fund*. Chk # _____

Charge my **personal or corporate credit card** \$ _____ for my investment in DOTH and the NARPM® Advocacy Fund*.

Name on card _____
 Signature _____
----- All information below this line will be removed. -----
 Card # _____ Exp Date _____ 3-digit CVV _____

Personal check only enclosed for \$ _____ made payable to **NARPM PAC** for my investment in NARPM® PAC. Chk # _____

Charge my **personal credit card** \$ _____ for my investment in NARPM® PAC.

Name on card _____
 Signature _____
----- All information below this line will be removed. -----
 Card # _____ Exp Date _____ 3-digit CVV _____

*Contributions to NARPM® PAC are not tax-deductible as charitable contributions for federal income tax purposes. Contributions from non-permanent resident foreign nationals are prohibited by federal law. All contributions to NARPM® PAC are voluntary. You may refuse to contribute without reprisal. Contributions to NARPM® PAC are used for federal election purposes, and may be used in connection with state elections, as well. *A contribution in the amount of \$5,000 per person is the maximum allowed per year. If this solicitation suggests a contribution in a certain amount, it is only a suggestion, and you may give more, less or not at all, and the amount given or refusal to give will not benefit or disadvantage you.*

*Donations to the Advocacy Fund will be used, in part, to defray the operating costs of NARPM® PAC, but will not be used to make contributions to, or to support or oppose, candidates. For more information about giving to NARPM® PAC, please contact Tyler Craddock at tcradlock@narpm.org.