2020 HCAM PAC Campaign
Participate in the Political Process

Elections matter.
Medicaid reimbursement, state laws and survey regulations all affect how you operate... elected officials make these decisions.

Under term limits, frequent turnover of legislators is a fact of life. In 2019, 45 NEW House members and seven NEW Senate members took office.

Since our campaign began in 2008, HCAM has played a key role in the election process donating more than $800,000.

HCAM has more than 350 members. With your participation we will exceed our statewide goal of $100,000!

Relationships matter.
Your participation allows HCAM to sponsor political events supporting key policy makers who understand our profession.

We must build on these partnerships to ensure we have a strong voice in Lansing. HCAM PAC is an avenue to reach this goal!

Contact Richie Farran, VP of Government Relations, with any questions: richfarran@hcam.org.

Suggested Contribution Levels
Owner $500
Administrator $250
Director /Supervisor $100

Remember these easy contribution guidelines:
- Only employees in supervisory roles can donate, i.e. owners, administrators, directors/supervisors.
- Make all checks payable to the HCAM PAC.
- Send only personal, partnership or Limited Liability Corporation checks. HCAM PAC cannot accept corporate contributions or cash.
- Mail contributions to HCAM PAC: 7413 Westshire Drive, Lansing, MI 48917
- Each contribution must have an accompanying Contribution Form, located on the reverse side of this document.
2020 HCAM PAC Campaign
Contribution Form

Mail your contribution to:
HCAM PAC
7413 Westshire Dr.
Lansing, MI 48917

Please include this form for every contribution.
Credit Card contributions can also be made online at www.hcam.org.

Name: ___________________________ Title: ___________________________

Facility/Company Name: ___________________________

Business Address: ___________________________

Business City/State/Zip: ___________________________

Home Address: ___________________________

Home City/State/Zip: ___________________________

E-mail: ___________________________ Phone: ___________________________

Please complete this form in its entirety. Incomplete forms may be returned.
State law requires HCAM PAC to report the information requested to the Secretary of State.

______Visa ______ MasterCard ______ American Express ______ Discover

Card Number: ____________ - ____________ - ____________ - ____________

SVV Code: ____________ Exp. Date: ____/____ Zip Code: ____________

Card Holder Signature: ___________________________

Contribution Amount: $____________

Please make checks payable to

HCAM PAC

For further information, please contact richfarran@hcam.org
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