

2022 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 2021, 28 new House members took office.

Since our campaign began in 2008, HCAM has played a key role in the election process donating nearly \$900,000.

HCAM has more than 350 members.
With full participation we
will exceed our statewide goal of
\$200,000!

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 Rich 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, ie. 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.

2022 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

Paid for by the Health Care Association of Michigan Political Action Committee

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