



FLORIDA RENAL COALITION 2015 – 2016 FACILITY/CORPORATE CONTRIBUTION-PLEDGE FORM

FACILITY/CORPORATION NAME: _____

ADM/PRIMARY CONTACT NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

PHONE: (_____) _____ FAX: _____

E-MAIL ADDRESS: _____

>>>>RECOMMENDED CONTRIBUTION IS \$500.00 PER FACILITY<<<<

AMOUNT CONTRIBUTED WITH REGISTRATION FORM

AMOUNT PLEDGED FOR FUTURE CONTRIBUTION

PLEDGE PAYMENT SCHEDULE (CHECK ONE)

- IN ONE CHECK UNDER SEPARATE COVER
- OVER NEXT TWO MONTHS
- OVER NEXT THREE MONTHS

MAKE CHECKS PAYABLE TO: FLORIDA RENAL ADMINISTRATORS ASSOCIATION

EIN # 59- 1947606

Send checks to:

Candace Magiera, FRC Treasurer, c/o DSI Sarasota
1921 Waldemere Street, Ste. 107 Sarasota, FL 34239

Internal Revenue Service Regulations (IRC Sections 162e and 6033e) require that you be notified that contributions made to a tax-exempt organization for the express purpose of supporting lobbying and/or political activities are not tax-deductible by the contributing organization. You are hereby notified in accordance with those regulations that 100% of the contributions being solicited hereby are planned for activities related to influencing legislation through communications with members and/or employees of State legislative bodies or State governmental agencies, which are considered to be lobbying activities under current regulations. In the event that clarifying regulations are issued which impact on the deductibility of this contribution, all contributors will be notified.