

**Kansas NEA Political Action Committee (KPAC)
One Time Contribution Form**

PLEASE PRINT!

NAME: _____

ADDRESS: _____

CITY	STATE	ZIP
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UniServ District: _____

Local Association: _____

Employer: _____

Occupation: _____

AMOUNT: (check one)

_____ Cash in the amount of \$ _____

_____ Check in the amount of \$ _____ Check # _____

Please make checks payable to **KPAC**. Thank you for all you do!