



## CalDerm PAC

### How Dermatologists Can Help CalDerm Legislative Efforts

Grassroots efforts, such as letter writing campaigns, emails and personal phone calls are still some of the best ways to impact legislation. As a member physician of CalDerm, you can also be effective by contributing to the CalDerm Political Action Committee (PAC). CalDerm PAC targets candidates for state constitutional and legislative offices who support the fundamental right of Dermatology specialists to practice in a free marketplace and who support patient access to specialty medical services. In today's political climate, CalDerm serves to protect member physicians on two critical fronts: Scope of practice and preventing trial lawyer efforts to raise the MICRA cap. The positive relationships formed by CalDerm PAC and its active participation in the legislative arena have been essential to the political impact on these issues.

Please contribute to the CalDerm PAC by completing this form and sending with your contribution. Cash is not acceptable and this form must be completed in its entirety. Mail form and contribution to: CalDerm PAC, 980 Ninth Street, PMB #1600, Sacramento, CA 95814.

*"Every man owes a part of his time and money to the business or industry in which he is engaged. No man has the moral right to withhold his support from an organization that is striving to improve the conditions within his sphere." --Theodore Roosevelt*

*CalDerm PAC can only accept contributions from CalDerm members in good standing. 100% of CalDerm PAC contributions are not deductible for state or federal tax purposes.*

Name of Contributor: \_\_\_\_\_

Occupation: Dermatology Physician

Employer, if not Self-employed: \_\_\_\_\_

Address: \_\_\_\_\_

If Self-employed, name of your business: \_\_\_\_\_

Business Address: \_\_\_\_\_

Enclosed is my contribution of:  \$200 (suggested)  Other: \$ \_\_\_\_\_

Method of Payment:  Check Enclosed  VISA  MasterCard

Credit Card # \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Expiration: \_\_\_\_/\_\_\_\_

Signature of Cardholder: \_\_\_\_\_