

MIDWIVES-PAC

Contribution Recommendation Form

CANDIDATE: _____ **PARTY:** _____

HOUSE _____ **SENATE** _____ **INCUMBENT** _____ (**# TERMS**)

CHALLENGER _____ **OPEN SEAT** _____

CANDIDATE BACKGROUND: _____

RECORD OF SUPPORT FOR MIDWIFERY ISSUES: _____

LIKELY OPPONENTS: _____

Amount Recommended: _____

Request submitted by:

Name _____

Address _____

City, State, Zip _____

Phone _____

Email: _____

Return this form to:

Midwives-PAC
8403 Colesville Rd., Suite 1550
Silver Spring MD 20910
attn: Monica Greenfield
Fax:: 240-485-1818
Email: mgreenfield@acnm.org

For Office Use Only:

Date Check Cut: _____

Date Check Mailed: _____