

SBUPAC
P. O. Box 5003
Kaneohe, Hawaii 96744

YES! I support your efforts defending my rights as a motorcyclist and I'm going the extra mile to help build the PAC Fund. I am pleased to make the following contribution:

\$1,000 \$500 \$100 \$60 \$20 \$10 Other

- OR -

I would like to support SBUPAC with a monthly pledge and I authorize the following monthly donation be billed to my Credit Card:

Other \$100 \$75 \$50 \$25 \$15 \$10 \$5

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SBUPAC patch (\$5)*

* Support at the \$10 level or above includes SBUPAC patch.

~ ~ ~ ~ ~

Name _____

Address _____

City _____ State _____ Zip _____

Email _____ Phone _____

(Your information stays private. Your email address helps cut postage costs and mailing hassle.)

~ ~ ~ ~ ~

Card Type (circle one) *Visa* *MasterCard* *Discover* *American Express*

Credit Card # _____ Expiration Date _____

Card Verification # (on back of card, locate the final 3 digit # in the signature box)

Name As It Appears On Card _____

Billing Address (if different than above) _____

Signature _____

Please Make Checks Payable to SBUPAC.
In accordance with state and federal laws, contributions are not tax deductible.