



PIOGA-PAC

PLEDGE CARD

Date: _____

Name: _____ PIOGA Member: ____Yes ____ No

Address: _____ City: _____

State: ____ Zip: _____ Phone: (C) _____ (O) _____

State law requires that you list your occupation and place of employment

Employer: _____ Title: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

***State law prohibits cash contributions over \$100.00.
No company checks. Only personal checks can be accepted.***

Check #: _____

Cash Amount: _____

If mailing your personal check, please send to:

**PIOGA-PAC
115 VIP Drive, Suite 210
Wexford, PA 15090-7906**