



**California Association of  
Medical Product Suppliers (CAMPS)**  
*Legal Fund Contribution Form*

Company Name: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Enclosed is a donation in the amount of \$\_\_\_\_\_.  
*(Requested donation is \$1,000 per company)*

**Payment Method**       Check #\_\_\_\_ payable to CAMPS  
                                  MasterCard or Visa

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name printed on card \_\_\_\_\_

CVS Code \_\_\_\_\_ Billing Zip Code \_\_\_\_\_

Signature \_\_\_\_\_

Mail with payment to:    CAMPS  
                                 c/o CAMPS Legal Fund  
                                 One Capitol Mall, Suite 320 | Sacramento, CA 95814  
                                 (916) 443-2115 | (916) 444-7462 - fax

*Tax Deductibility: Your contribution is deductible as a business expense.  
Thank you in advance for your support of this important industry cause.*