



**California Association of
Medical Product
Suppliers (CAMPS)**

Fight the Medi-Cal Upper Billing Limit 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.*