



**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 _____ Exp. Date _____

Name printed on card _____ CSV 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.