



OHIO CREDIT
UNION
LEGISLATIVE
ACTION
COMMITTEE

2011 CONTRIBUTION FORM

YES, I want to help protect the future of credit unions by contributing to the Ohio Credit Union Legislative Action Committee (OCULAC).

Contribution Amount: \$ _____

Please make your personal check payable to: OCULAC

Name: _____
Credit Union: _____
Home Address: _____
City/State/Zip: _____

Election Law Requires the Following:

Employer: _____ Occupation: _____

**Thank you! Your contribution will go to support candidates
for office who will shape a bright future for Ohio's credit unions.**
Contributors can cancel their pledge at any time by notifying the credit union orally or in writing.
Contributions to OCULAC are strictly voluntary.
Whether or not you contribute will have no affect on your employment status or position with the credit union.
Contributions to OCULAC are not deductible for federal tax purposes.

**Return this form and contributions to:
OCULAC, c/o Ohio Credit Union League,
10 West Broad Street, Suite 1100, Columbus, Ohio 43215**

The Ohio Credit Union Legislative Action Committee (OCULAC) is a state PAC administered by the Ohio Credit Union League --- and directed by the OCULAC Board of Trustees --- which solicits individual contributions from its own personnel and member credit unions, and disburses funds to candidates for federal office who are supportive of credit unions, and with the greatest capacity to influence credit union legislation. You have the right to refuse to make a donation to OCULAC without fear of reprisals. Contributions to OCULAC are not deductible for state or federal tax purposes.

GROUP CASH CONTRIBUTION FORM



OHIO CREDIT
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COMMITTEE

Credit Union Name _____
Address _____
City, State, Zip _____
Phone _____
Contact Person _____

Money order no. _____
Total amount \$ _____
Date _____, 2011

Individual contribution information:

Name _____
Address _____
City, State, Zip _____
Employer _____ Occupation _____
Amount \$ _____ Date of receipt _____, 2011

- Employee
- Board Member
- Volunteer
- CU Member

Name _____
Address _____
City, State, Zip _____
Employer _____ Occupation _____
Amount \$ _____ Date of receipt _____, 2011

- Employee
- Board Member
- Volunteer
- CU Member

Name _____
Address _____
City, State, Zip _____
Employer _____ Occupation _____
Amount \$ _____ Date of receipt _____, 2011

- Employee
- Board Member
- Volunteer
- CU Member

Name _____
Address _____
City, State, Zip _____
Employer _____ Occupation _____
Amount \$ _____ Date of receipt _____, 2011

- Employee
- Board Member
- Volunteer
- CU Member

[Make additional copies of form if necessary]

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PAYROLL DEDUCTION FORM

YES, I want to help protect the future of credit unions. I wish to contribute to OCULAC by payroll deduction for the year 2011.

Amount **Frequency** **Beginning deduction date**
\$ _____ per pay _____, 20__

Total amount to be contributed: \$ _____

Print Name: _____
Credit Union: _____
Home Address: _____
City/State/Zip: _____
Signature: _____

Election Law Requires The Following:

Employer: _____ Occupation: _____

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