Thank you to those who have invested in the future of anesthesia through a generous contribution to the New Jersey Anesthesia PAC

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Visit NJAPAC.org to contribute today!
Support our PAC and Protect Your Practice

Current Efforts Include the Following:
Out of Network Regulations
Continuous Efforts by the APNs to Practice Independently
Prescribing Restrictions

WE NEED YOUR HELP

WHO
NJAPAC donates to legislators around the state who support our stance on issues that are important to the integrity of your practice.

WHAT
Our State PAC is separate from the National PAC. While you may be active in donating to the ASA PAC, they only support our national advocacy efforts. This leaves State advocacy efforts up to us.

WHY
To put it simply, to protect your practice, donating to our PAC helps us be more identifiable in Trenton. We will gain support by first showing support.

WHEN
Throughout the year, our PAC Advocacy Committee identifies opportune times to donate to fundraisers for legislators.

WHERE
There are fundraisers all around the State! All 120 legislators and the Governor fundraise year round. We need to help friends of the industry stay in office and build new connections!

Your contribution will assist the New Jersey State Society of Anesthesiologists in their state advocacy efforts, ensuring that your voice is heard by New Jersey’s legislators and policy makers. Remember—a donation as small as $5 /month is $60 per member every year! You can make a difference!

Make a contribution to the New Jersey Anesthesia PAC today to help support our efforts to protect New Jersey’s anesthesiologists and your patients!

Please process my one-time contribution in the amount of:

☐ $250  ☐ $500  ☐ $750  ☐ $1,000  ☐ other___

Or become a Platinum Contributor by making a one-time contribution of $7,200!

☐ Yes, I would like to become a Platinum Contributor of the New Jersey Anesthesia PAC by making a one-time contribution of $7,200

NEW! Check the box below or visit the NJAPAC Website to sign up for automatic monthly

☐ I want to subscribe to monthly payments. **

CHECK: N/A □ Visa □ Mastercard □ American Express

Name ________________________________
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Checks payable to: NJAPAC
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I authorize the New Jersey Anesthesia PAC to charge the amount indicated above to my credit card.

Submit your completed form
FAX 609-392-2664 ONLINE NJAPAC.org
MAIL NJ Anesthesia PAC
1.50 W. State Street, Suite 110
Trenton, NJ 08608

** By selecting this field I authorize the New Jersey Anesthesia PAC to charge my credit card monthly in the amount above until I give written notice to cease my participation in the monthly program. I acknowledge that my credit card will be processed starting with this transaction on the date that the NJAPAC receives and processes my credit card information and then on the first day of each month following this payment.