

# Capitol Connection

**Yes, I would like to contribute to the Capitol Connection, a fund that sponsors AOPA's Government Relations activities.**

Contributions may be from individuals, corporations, AOPA Regions, State O&P Associations, and other O&P related organizations. All contributions will be deposited in a separate interest bearing account and will only be used for government relations activities that are not otherwise covered by the general government relations administrative budget. All Capitol Connection expenditures must be approved by the Board of Directors.

I would like to contribute \$ \_\_\_\_\_ Date: \_\_\_\_\_

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

Company/Organization: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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My check payable to Capitol Connection is enclosed.

OR

Bill my credit card:    Visa                      AmEx                      MasterCard                      Discover

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

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

Signature: \_\_\_\_\_

**Return To:**

Capitol Connection  
American Orthotic and Prosthetic Association  
330 John Carlyle Street, Suite 200  
Alexandria, VA 22314

OR

Fax Form To: 571 431-0899