

**Georgia  
Association of  
Nurse  
Anesthetists  
PAC**

*I am contributing \$ \_\_\_\_\_ to further  
the legislative efforts of the GANA.*

*Thank you for  
your contribution  
to this worthy  
cause for your  
profession!*

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone # \_\_\_\_\_ Best time to call \_\_\_\_\_

Email \_\_\_\_\_ Fax \_\_\_\_\_

Do you work in  an office based setting?  a rural hospital?  a surgery center?  an urban hospital?

Nurse Practitioner \_\_\_\_\_ Other (specify) \_\_\_\_\_ (Mandatory for all donations greater than \$100)

Are you interested in lobbying with the GANA during the upcoming legislative session? \_\_\_\_\_

Are you acquainted with any of Georgia's legislators? \_\_\_\_\_ If yes, who? \_\_\_\_\_

Please clip and send to: **Robbie Pope, GANA-PAC Treasurer, P.O. Box 887, Tifton, GA 31793**

Forms available at [www.gana.org](http://www.gana.org)