

## RHODE ISLAND SOCIETY OF CPAs PAC FORM:

**Donation amount:** \_\_\_\_\_

**PLEASE RETURN THIS FORM ALONG WITH YOUR PERSONAL CHECK  
PAYABLE TO: RISCPA PAC**

***Name \****

First

Last

**Home Address \***

Address Line 1

Address Line 2

City

State

Zip Code

***Email \****

***Phone \****

***Employer Name \****

**Employer Address \***

Address Line 1

Address Line 2

City

Zip Code

Business phone

**\*Donation Amount cannot exceed \$2000.00 effective January 1, 2024**