



Support SurPAC

Become a Contributor!

Your multi-year contribution is vital to helping SurPAC become the invaluable, sustainable resource our organization needs it to be. We ask for your support during the 2026 campaign cycle to help keep our industry strong for Florida and represented in Tallahassee.

Contribution Levels:

*** \$1,000 Annual Contribution** (\$2,000 per 2-year cycle):

Recognition throughout the year in member communication and on the FSLA Website. Recognition during the FSLA Annual Convention.

*** \$2,500 Annual Contribution** (\$5,000 per 2-year cycle):

All benefits listed above as well as invitations to legislative receptions and FSLA-hosted dinners to support candidates with interests concerning the industry.

*** \$5,000 Annual Contribution** (\$10,000 per 2-year cycle):

All benefits listed above as well as special recognition during the FSLA Annual Convention as a featured "Founding Sustainer" partner.

Please contact the FSLA office or a FSLA Board member for additional contribution options.

Become a multi-year contributor:

\$ _____ Annually for _____ total year(s)

For automatic annual billing, each sequential charge will take place on the 1st business day of the month corresponding with the date the contribution form is initiated.

Total Contribution Amount \$ _____

I understand that I may increase, decrease, or suspend my contribution by calling (850) 224-0711. I understand that my contribution will appear each quarter or annually on my credit card statement.

Signature

Print Name

Date

Make a one-time contribution:

Total Contribution Amount \$ _____

Contact Person _____ Phone _____

Signature

Print Name

Date

continued on reverse side

Contributor Information:

Name _____ Professional Designations: _____

Company _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

Email _____

Payment Method: (Check one option below)

MULTI-YEAR CONTRIBUTIONS

- Please charge my multi-year contribution to credit card.** (My payment amounts and schedule are selected on page 1 of this contribution form.) Please complete the Credit Card Information section below.
- Please bill me annually.** (My payment amounts and schedule are selected on page 1 of this contribution form.)

ONE-TIME CONTRIBUTION

- Please charge my credit card.** Please complete the Credit Card Information section below. in the amount of \$_____. (For a one-time donation.)
- Please find enclosed check payable to: SurPAC** in the amount of \$_____. (For a one-time donation.)

CREDIT CARD INFORMATION (if applicable)

Choose One: VISA MasterCard AMEX

Card# _____ Exp. Date _____ Security Code* _____

*3-digit number on reverse side of most cards, 4-digit number on front for AMEX only

Cardholder Name _____ Phone # _____

Billing Address (if different from above) _____

Signature _____ Date _____

Political action committees promote the welfare of the Florida Surplus Lines agent by helping elect those candidates who support the wholesale system and related issues. As a contributing member, you help achieve that goal. Any individual or company may contribute any amount. This is a non-deductible voluntary contribution.



FLORIDA SURPLUS LINES ASSOCIATION

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