



**WA-ACEP PAC Group Donation Log**

**Name of Hospital/Entity:**

**Address:**

**Date:**

*Please enter the names and employer for each individual (if different than payor) on behalf of whom the hospital/entity is making the donation.*

	<b>Name of Individual</b>	<b>Employer (if different than Entity/Hospital)</b>	<b>Donation Amount</b>
1			
2			
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25			
26			
27			
28			
29			
<b>TOTAL</b>			