

2025 AUTHORIZATION FORM

Federal law requires NEFI member companies to sign this form in order for executives and other eligible personnel to receive fundraising requests and other information related to the Home Comfort PAC. The company may not approve similar requests by other national trade associations during the years authorized below. The Home Comfort PAC is prohibited from soliciting employees of your company without its express written consent. For more information on the PAC including its purpose and missions statement, visit **HomeComfortPAC.org**.

This form authorizes prior approval of PAC-related communications including fundraising requests. It is not a solicitation for funds.

PLEASE FILL OUT THE INFORMATION BELOW

First Name		Last Name	
Company Name		Title/Occupation	
Mailing Address			
C'h		Chaha	7
City		State	Zip
Office Phone	Cell	Email	
My company is:			
□ Incorporated	LLC that files as a corporation	\square LLC that files as a partnership	Partnership
from me and oth	ompany, I hereby authorize the Hom er eligible employees for the followin company without its prior consent, a contribution.	g years. I understand the PAC will no	ot communicate with other

🗖 I attest that I am owner, corporate executive, or other employee of	_ and that I am
authorized to provide this approval.	

Prior approval is granted for (Federal law requires a separate signature for each year. No electronic signatures):

	2028		
	2030		
OR YOU CAN Fax this completed form to:	OR YOU CAN Mail this completed form to:		
	Home Comfort PAC		
202-331-3759	1629 K Street NW, Suite 300 Washington, DC 20006		
	Fax this completed form to:	OR YOU CANOR YOU CANFax this completed form to:OR YOU CAN2030Home Completed form to:Home Comfort PAC1629 K Street NW, Suite 300	

If you have any questions, please contact Home Comfort PAC at **202-508-3645** or **HomeComfortPAC@nefi.com**