



Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Please remember that all donations to PharmPAC should be made as "hard money" contributions (i.e. contributions made through either a personal credit card and/or personal check).**

**For my PharmPAC contribution, I am using a (check one):**

Personal Credit Card

Personal Check

**CREDIT CARD DONATIONS:**

**Recurring Monthly Contribution**

Please charge my personal credit card every month in the amount of \$ \_\_\_\_\_

**One-Time Contribution**

Please charge my personal credit card one-time in the amount of \$ \_\_\_\_\_

Please note we accept MasterCard, Visa, or Discover (*Circle One*)

Name as it appears on card: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_

Billing Address: \_\_\_\_\_

Security Code: \_\_\_\_\_ (*on back of card*)

**BY SIGNING BELOW, I PERMIT PPA TO DEDUCT THE IDENTIFIED AMOUNT FROM THE INDICATED CREDIT CARD:**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Credit card contributions can be mailed to **Pennsylvania Pharmacists Association, 508 North Third Street, Harrisburg, PA 17101-1199** or faxed to **717-236-1618**.

**CHECK DONATIONS:**

**I wish to make a one-time contribution by personal check in the amount of \$ \_\_\_\_\_**

Check contributions should be made payable to **PharmPAC** and mailed to **Pennsylvania Pharmacists Association, 508 North Third Street, Harrisburg, PA 17101-1199**.

Donors will be recognized as PharmPAC Club members according to the following annual contribution amounts:

\$ 2500 = Presidential Club      \$ 1000 = Congressional Club      \$ 500 = Keystone Club

\$ 250 = Capitol Club      \$ 100 = Patriots Club      \$ 50 = Sustaining Member

\$ 25 = Contributor "Fair Share"      \$ 10 = Donor      Other: \_\_\_\_\_