

THE OHIO PHARMACISTS FOUNDATION CAPITAL CAMPAIGN

Thank you for your generous gift to the Ohio Pharmacists Foundation Campaign! Your contribution is enabling the Foundation to be a positive catalyst for the future of pharmacists; you are a part of history. The Foundation initiative of creating an endowment to fund practical research, entrepreneurial and management training and education, build or renovate a new facility and implement community action projects will help thousands of individuals and corporations address the critical and changing needs in our industry and our community, now and beyond the 21st century. Please review and complete the following Charitable Contribution Pledge.

Charitable Contribution Pledge

I will pledge:

\$ _____, payable over _____ years.

The preferred payment schedule is monthly/annually (*please circle*), beginning _____ (month/year).

A one-time payment of \$ _____.

To fulfill payment, please see reverse side.

Individual/Corporation/Foundation Name: _____

Address: _____ Suite No.: _____

City: _____ State: _____ ZIP: _____

Telephone No.: _____ Facsimile No.: _____ E-Mail: _____

Name: _____ Signature: _____

Title: _____ Date: _____

Requested naming option: _____

The Ohio Pharmacists Foundation plans to recognize contributors to the campaign in various ways, including through printed material. Please indicate the name of the individual(s), corporation or foundation to be recognized, if we may recognize you by gift level or whether you prefer to remain anonymous. Please state how you would like to be recognized:

You may publicly list my gift level for campaign purposes.

Individual/Corporation/Foundation to be Recognized: _____

I wish to remain anonymous.

The Ohio Pharmacists Foundation will mail pledge reminders one month prior to the schedule noted above. Your contribution to the campaign is tax deductible (ID# 31-1337520). The Ohio Pharmacists Foundation will send an appropriate acknowledgment of your contribution for your tax records. Please make check payable to **Ohio Pharmacists Foundation**.

Please return to:

Ohio Pharmacists Foundation

Attn: Ernest Boyd

2674 Federated Blvd

Columbus, OH 43235

Thank you for your generosity!

CAMPAIGN PAYMENT FULFILLMENT FORM

Thank you for your pledge to the Ohio Pharmacists Foundation Capital Campaign, *Building Ohio Pharmacy's Future*.
In order to fulfill your financial commitment and make a donation, please fill out the form below.

I will support the campaign for *Building Ohio Pharmacy's Future* by:

- Making a one-time payment to fulfill my total pledge amount.
- Making one payment towards my larger pledge commitment based upon the terms stated in my Charitable Contribution Pledge.

Contact Information

Name: _____

Company/Foundation: _____

Address: _____ Suite No.: _____

City: _____ State: _____ ZIP: _____

Telephone No.: _____ E-Mail: _____

I am submitting my payment of \$ _____ toward the Ohio Pharmacists Foundation *Building Ohio Pharmacy's Future Campaign*.

Payment Information

- VISA
- MasterCard

Account No.: _____

Name on Card: _____

Billing Address (if different from above): _____

Expiration Date: _____ Security Code: _____

- Check payable to the *Ohio Pharmacists Foundation (Tax ID# 31-1337520)*

Please remit to Ohio Pharmacists Foundation, 2674 Federated Blvd, Columbus, OH 43235 or fax to (614) 389-4582