



Ohio Podiatric Political Action Committee
 1960 Bethel Road, Suite 140
 Columbus, OH 43220
 (614) 457-6269 Fax: (614) 457-3375

YES! I want to contribute to the Ohio Podiatric Political Action Committee

Personal Information

Name: _____
 Employer: _____
 Home Address: _____
 City, State, Zip: _____
 Daytime Phone #: _____
 Email: _____

Please check your method of payment:
 ___ Personal Check
 ___ Credit Card
Make PERSONAL check payable to OPPAC. Credit Card information below.

Contribution

When paying with a personal credit card, you have the option to make scheduled contributions to OPPAC that will be automatically renewed. Please select the appropriate box below and write in the amount you would like to contribute. In addition, you must read and sign the agreement below authorizing OPPAC to process your payment as indicated. If your personal credit card information should change at any time, please notify the OPPAC at (614) 457-6269.

I wish to contribute \$_____ to the OPPAC:
 _____ one time now 2021 _____ monthly _____ quarterly basis

When making credit card contributions, the following paragraphs must be read and a signature is required or the contribution will not be accepted. By signing below, I authorize the OPPAC to process the credit card information given below for the amount and time intervals indicated above. I understand that I must provide OPPAC with written notice to cancel contributions and the OPPAC will immediately place a stop before the next contribution interval.

Credit Card Information

Account Number: _____
 Expiration Date: _____
 Billing Street Address & Zip: _____
 Security Code (3 Digits on the back of the card or 4 digits on the front of Amex): _____
 Name on Card: _____

Credit Card payment method (personal credit cards only):
 ___ American Express
 ___ Discover
 ___ MasterCard
 ___ VISA

OPPAC does not use or share credit card information for any other purpose. We retain such information as is needed for standard accounting record keeping requirements. Every step is taken to protect loss, misuse, and alteration of the information under our control.

When paying with a PERSONAL credit card, the following paragraph must be read and a signature is required or the contribution will not be accepted. By submitting this contribution form I hereby direct and authorize OPPAC to charge my contribution to my **personal credit card** as directed above and hereby declare that the credit card used for this transaction is a **personal card** and not a corporate card.

Print Name: _____

Signature: _____ Date: _____

If paying by credit card, please complete all information and sign authorization statement before returning. Fax (614) 457-3375

Complete form and return to:
 OHFAMA OPPAC, OH 338
 1960 Bethel Rd Ste 140, Columbus, OH 43220

Important tax information: OPPAC contributions may not be deducted as business or personal deductions for income tax purposes.