## **Ohio Pharmacists Association**



**Expiration Date:** 

## **Legislative Defense Fund**

Protecting and enhancing pharmacy in the state of Ohio



## PLEDGE FORM

Name:				
Pharmacy Name:				
Pharmacy Address:	_			
City:		State:	ZIP:	
Phone:	Fax:	Mo	bbile Phone:	
Email Address:				
Please choose your le	vel of support for the OPA	A Legislative Defe	nse Fund (LDF):	
☐ Ye.	s! I want to make a month	nly contribution to	the OPA LDF of:	
	□ \$500 – Go	overnor's Circle		
□ \$350 – Chairman's Champions				
□ \$250 – Senator's Club				
□ \$100 – Representative's Club				
	<b>□</b> \$50 – Leg	islative Aide		
Payment Information:				
	☐ VISA	■ MasterCard		
Account Number:				
Name on Card:				
Billing Address (if different	rom above):			

Please email this form to <a href="mailto:acia@ohiopharmacists.org">aciaccia@ohiopharmacists.org</a>, fax to (614) 389-4582, or mail to: "Ohio Pharmacists Association LDF", 2674 Federated Blvd, Columbus, OH 43235.

Security Code:

The OPA Legislative Defense Fund (LDF) can accept personal and corporate funds. No money from the OPA LDF goes to the OPA Political Action Committee or to political candidates.

Contributions from corporate funds may be tax deductible as a business expense.

Contributions are NOT tax-deductible as charitable contributions for federal income tax purposes.