I want to support the Ohio Psychiatrists’ Political Action Committee (OPPAC). Enclosed is my personal check for a membership contribution at the following level:

|  |  |  |
| --- | --- | --- |
|[ ]  Patron - $500 |[ ]  Benefactor - $150 |[ ]  Resident - $25 |
|[ ]  Sustaining - $250 |[ ]  General - $100 |[ ]  Other - $ |  - *Click here to enter amount -* |
|  |  |  |  |  |  |  |
|[ ]  *Check here if you do not wish your contribution to be identified in membership information.* |

***All contributions must be personal – state law prohibits corporate contributions***

**CONTACT INFORMATION**

|  |  |
| --- | --- |
| Full Name | - Please enterFirst Name, Last Name, Credentials - |
| Address: | **-** Please enter address - |
| City, State, Zip | **-**Enter City- | **-Enter** State- | **- Enter** Zip - |
| Phone | **-** Please enter phone number - |
| Email | - Please enter youre-mail - |

**The Ohio Legislature is now in session.**

**Let your voice be heard!**

**Thank you for your support of psychiatry.**