## **Ohio Pharmacists Association**



**Payment Information:** 

☐ MasterCard ☐ American Express

Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_

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(If different from above)

## **Legislative Defense Fund**

Protecting and enhancing pharmacy in the state of Ohio

## **PLEDGE FORM**

☐ Yes! I want to help support the legislative efforts of the Ohio Pharmacists Association!

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dress		City	State	
narmacy		Mobile		
	Fax	Phone		
nail	Please choose your level of support		e Defense Fund	d (LDF):
mail	Please choose your level of support	for the OPA Legislative		
nail	Please choose your level of support  Yes! I want to make a monthly contrib	t for the OPA Legislative		
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Please email this form to opa@ohiopharmacists.org, fax to 614.389.4582 or mail to: "Ohio Pharmacists Association LDF", 2674 Federated Blvd, Columbus, OH 43235.

Electronic Funds Transfer

☐ Checking

☐ Savings

Name on Account \_\_\_\_\_

☐ Business Checking

The OPA Legislative Defense Fund (LDF) can accept personal and corporate checks. No money from the OPA LDF goes to the OPA Political Action Committee (PAC) 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.