

Contributions are not deductible for federal income tax purposes. Corporate Contributors Not Allowed.

APTXPAC

The Political Action Committee of Texas Independent Pharmacy

To pay by credit card, fax completed form to **512-992-1391**

Make checks payable to "APTXPAC" and mail with completed form to:

**823 Congress Ave., Ste. 1150
Austin, TX 78701**

President's Circle: \$5,000 ★ Champion's Circle: \$2,500 ★ Leaders' Circle: \$1,200

Donations to APTXPAC continue on a recurring basis until cancelled in writing.

Name: _____ **Pharmacy Name:** _____

Position: _____ **Home Address:** _____

City State ZIP

Phone: _____ **FAX:** _____ **Email:** _____

CREDIT CARD PAYMENTS:

Visa **MC** **AMEX**

Monthly Contribution of: \$250 \$100 \$50 Other Amount: _____

Annual Contribution of: \$2,500 \$1,200 \$500 \$365 (\$1 a Day)

Card #: _____ **Exp. Date:** _____ **Security Code:** _____

Name on Card: _____ **Signature:** _____

QUARTERLY DEDUCTION:

I authorize American Pharmacies to deduct the contribution elected below from my rebate payment:

Quarterly Deduction of: \$1,250 \$750 \$500 \$250 Other Amount: _____

Note: Contributions made by rebate deduction are considered taxable income and you must report them to the IRS under your SSN, not your pharmacy's tax ID number.

Name: _____ **Signature:** _____

Please Check This Box to Verify The Following:

1. I am making this contribution with my own **personal** funds. **(Corporate contributions are not allowed.)**
2. I am a U.S. citizen or legal resident and I am not a federal contractor.
3. I am not being reimbursed or compensated for making this contribution.
4. I understand that my contribution is subject to the provisions of state and federal campaign laws.
5. I understand that my contributions will continue on a recurring basis until such time that I instruct APTXPAC in writing to halt my contributions.