

Donor Form



Oklahoma Pharmacy Educational Foundation

Operating under the auspices of Oklahoma Pharmaceutical Association
dba The Oklahoma Pharmacists Association

Donor Information (please print or type)

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Donation Information (donations are tax deductible)

Enclosed is a donation totaling \$_____ to be paid by:

_____ cash _____ check _____ credit card

Credit card type	
Credit card number	
Expiration date	
Authorized signature	

Gift will be matched by _____ (company/family/foundation).
_____ form enclosed _____ form will be forwarded

Acknowledgement Information

Please use the following name(s) in all acknowledgements:

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_____ I (we) wish to have our gift remain anonymous.

Signature(s):
Date:

Please make checks, corporate matches, or other gifts payable to:

Oklahoma Pharmacy Educational Foundation, Inc
P.O. Box 18731
Oklahoma City, Oklahoma 73154
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