



**Oklahoma Pharmacists Association**

**OK PharmPAC Contributor's Statement for Individual**

1. Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

3. Occupation: \_\_\_\_\_

4. Employer: \_\_\_\_\_

5. Date: \_\_\_\_\_

Amount: \_\_\_\_\_

Check # \_\_\_\_\_

or

Charge to my credit card

VISA  MASTERCARD  AM EXPRESS  DISCOVER

Card Number: \_\_\_\_\_

Expiration Date \_\_\_\_\_

3-digit verification code \_\_\_\_\_

Signature: \_\_\_\_\_ (required for credit card)

6. Declarations: The contribution listed in item 5 was freely and voluntarily given by me from my personal property. I have not, directly or indirectly, been compensated or reimbursed for the contribution listed in item 5.

7. **Signature of Contributor:** \_\_\_\_\_

Mail to:

OPhA

PO Box 18731

Oklahoma City, OK 73154

Or Fax to:

405-528-1417