

The Oregon Pharmacists Fund (OPF)

The Oregon Pharmacists Fund (OPF) helps elect legislators and statewide officials who will act in pharmacists' best interests. The OPF does this by providing financial support to political campaigns. This is a PAC (Political Action Committee) which can help represent the interests of all Oregon Pharmacists and the needs of our patients.

When you support the Oregon Pharmacists Fund you:

- help elect a more pharmacy-friendly legislature
- receive updates on important legal and regulatory issues
- receive invitations to meet with key policy makers

The best way to make sure a good bill passes, or to stop a bad bill, is to elect the right people.

Take advantage of the Oregon Political Tax Credit! Donate to the Oregon Pharmacists Fund, and subtract up to \$100 per couple or \$50 per individual from your Oregon income tax bill. It is a TAX CREDIT. You can make a PAC donation once every year.

The Oregon Pharmacists Fund was created by the Statewide Pharmacy Coalition, Oregon State Pharmacy Association and the Oregon Society of Health-System Pharmacists. Each organization supports the fund as the primary political action vehicle for Oregon's pharmacists. **A PAC committee that considers all practice settings governs disbursements to campaigns.**

Oregon Pharmacists Fund PAC donations may be made by mailing a check or credit card information with the following form to C & A Consulting – 89358 Cranberry Lane, Bandon OR 97411 or fax to 800.967.7380.

-----TEAR OFF AND MAIL -----

Please accept my political action committee donation to the Oregon Pharmacists Fund.

Name _____ Occupation _____ Phone _____
Address _____ City _____ State _____ Zip _____
Email _____
Employer Name _____ Address _____

**Employer/Occupation information is a mandatory requirement for state filling.*

Payment method: [] check (payable to Oregon Pharmacists Fund) -or- [] credit card

*Please use only one form per contributor, if multiple contributors please provide form for each.

Charge \$ _____ to: VISA MC American Express

Account # _____ Expire (Month/Year) _____ CVS Code _____
Billing Address: _____ City _____ State _____ Zip _____
Signature _____

Please print information clearly!

Please return to:
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Questions? Call 800.893.1005