



Contribution Form

I would like to donate to:

- CPhA Defense Fund CPh-PAC
- Both (please split amount)

Contribution Levels

- Double Diamond Circle - \$5,000 Diamond Circle - \$2,500 Platinum Circle - \$1,000
- Gold Circle - \$500 Silver Circle - \$250 Century Circle - \$100 Other \$ _____

Contributor Information

(PLEASE COMPLETE ALL FIELDS, REQUIRED BY STATE CAMPAIGN FINANCE LAW)

Name: _____ RPh License # _____

Street Address (NO PO BOX): _____

City: _____ State: _____ Zip: _____ Email: _____

Employer: _____ Occupation: _____

Payment Options

If paying by check, please make check payable to: CPhA, ID # 1291777

If paying by credit card, please complete all fields below:

Name on Card: _____ Visa M/C AMEX

Credit Card #: _____ Exp. Date: _____

CVV # (on back of card) _____

Billing Address: _____ City: _____ Zip: _____

One-Time Contribution: _____ OR Recurring Monthly Contribution (MIN. \$50): _____

Signature: _____

For more information about CPhA Defense Fund or CPh-PAC, call (800) 444-3851 or visit www.cpha.com.

Please mail this completed form to: CPhA, 4030 Lennane Drive, Sacramento, CA 95834

To make a credit card donation by fax, send this completed for to (916) 779-1401.

THANK YOU FOR YOUR SUPPORT!