

Ohio State



YES! I want to contribute to the OSCA Chiropractic Political Action Committee.

Chiropractic Association

Gold Level PAC Contributor - \$1,000

Silver Level PAC Contributor - \$500

Bronze Level PAC Contributor - \$250

General PAC Contributor - \$125

Monthly/Quarterly Contribution (See below)

Other PAC Contribution Amount: \$ _____

Personal Information

Name: _____

Employer: _____

Home Address*: _____

City/State/Zip: _____

Daytime Telephone #: _____

Email: _____

* State law requires a home address. Post office boxes are not permitted.

Please check your method of payment:

Personal Check

Credit Card

Make **PERSONAL** check payable to **OSCA C-PAC**.

Credit card information below.

Monthly/Quarterly Contribution

When paying with a personal credit card, you have the option to make scheduled contributions to OSCA C-PAC that will be automatically renewed. Please select the appropriate box below and write in the amount you would like to have deducted. In addition, you must read and sign the agreement below, authorizing OSCA to process your payment as indicated. If your personal credit card information should change at any time, please notify the OSCA at (800) 837-6721.

I wish to contribute \$ _____ to the OSCA C-PAC on a: monthly basis quarterly basis annual basis

When making credit card contributions, the following paragraphs must be read and a signature is required or the contribution will not be accepted. By signing below, I authorize the OSCA C-PAC to process the credit card information given below for the amount and time intervals indicated above. I understand that I must provide OSCA C-PAC with written notice to cancel any credit card contributions and that OSCA C-PAC will immediately place a stop before the next contribution interval.

Credit Card Information

Account Number: _____

Expiration Date: _____

Billing Street Address & Zip: _____

Security Code (3 digits on back of card): _____

Name on Card: _____

OSCA does not use or share credit card information for any other purpose. We retain such information as is needed for standard accounting record keeping requirements. Every step is taken to protect the loss, misuse, and alteration of the information under our control.

Credit Card Payment Method (personal credit cards only):

American Express

Discover

MasterCard

VISA

When paying with a **PERSONAL** credit card, the following paragraph must be read and a signature is required or the contribution will not be accepted. By submitting this contribution form, I hereby direct and authorize the Ohio State Chiropractic Association to charge my C-PAC contribution to my **personal credit card** as directed above and hereby declare that the credit card used for this transaction is a **personal credit card** and not a corporate credit card.

Print Name: _____

Signature: _____

Date: _____

If paying by credit card, please complete all information and sign authorization statement before returning.
Fax: (614) 229-5296

Complete form and return to:

OSCA C-PAC, OH 149
172 East State Street, Suite 502
Columbus, OH 43215

Important tax information: C-PAC contributions may not be deducted as business or personal deductions for income tax purposes.