



Ohio Podiatric Political Action Committee  
1960 Bethel Road, Suite 140  
Columbus, OH 43220  
(614) 457-6269 Fax: (614) 457-3375

## YES! I want to contribute to the Ohio Podiatric Political Action Committee

### Personal Information

Name: \_\_\_\_\_

Employer: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Daytime Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Please check your  
method of payment:**

\_\_\_\_ Personal Check

\_\_\_\_ Credit Card

**Make PERSONAL  
check payable to  
OPPAC.**

**Credit Card  
information below.**

### Contribution

When paying with a personal credit card, you have the option to make scheduled contributions to OPPAC that will be automatically renewed. Please select the appropriate box below and write in the amount you would like to contribute. In addition, you must read and sign the agreement below authorizing OPPAC to process your payment as indicated. If your personal credit card information should change at any time, please notify the OPPAC at (614) 457-6269.

I wish to contribute \$\_\_\_\_\_ to the OPPAC:

\_\_\_\_\_ one time now 2017      \_\_\_\_\_ monthly      \_\_\_\_\_ quarterly 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 OPPAC to process the credit card information given below for the amount and time intervals indicated above. I understand that I must provide OPPAC with written notice to cancel contributions and the OPPAC 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 the back of the card or 4 digits on the front of Amex): \_\_\_\_\_

Name on Card: \_\_\_\_\_

OPPAC 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 loss, misuse, and alteration of the information under our control.

**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 OPPAC to charge my contribution to my **personal credit card** as directed above and hereby declare that the credit card used for this transaction is a **personal card** and not a corporate card.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Credit Card payment method  
(personal credit cards only):**

\_\_\_\_ American Express

\_\_\_\_ Discover

\_\_\_\_ MasterCard

\_\_\_\_ VISA

If paying by credit card, please complete all information and sign authorization statement before returning. Fax (614) 457-3375

**Complete form and return to:**  
OHFAMA OPPAC, OH 338  
1960 Bethel Rd Ste 140, Columbus, OH 43220

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