



Florida Pharmacy Small Business

POLITICAL ACTION COMMITTEE

★ PAC CONTRIBUTION ★

NAME _____ PHARMACY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

LEGISLATIVE CONTACTS: SENATE _____ HOUSE _____

CONTRIBUTION

\$500* \$750* \$1,000* Other \$ _____

**Contributions cannot exceed \$1,000 per election cycle for business and personal.*

METHOD OF PAYMENT

CHECK (Make check payable to FPSB-PAC) CREDIT CARD

ACCEPTED CREDIT CARDS: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

NAME ON CARD: _____ CREDIT CARD #: _____

CVC CODE: _____ EXPIRATION DATE: _____ AMOUNT OF PAYMENT: \$ _____

SIGNATURE: _____

PLEASE EITHER MAIL OR FAX TO: JESSICA GARDNER, MARKETING MANAGER
FPSB-PAC
3375-I CAPITAL CIRCLE, NE.
TALLAHASSEE, FL 32308
FAX #: (850) 895-3054



Thank you!