



Kansas Independent Pharmacy PAC Contribution Form

Name: _____

Address: _____

City: _____ Zip Code: _____

Pharmacy: _____

FREQUENCY OF CONTRIBUTION:

_____ One time donationAmount: \$ _____

_____ Monthly donation **(see below for end date)*Amount per month: \$ _____

_____ Quarterly donation **(see below for end date)*Amount per quarter: \$ _____

**I would like my monthly/quarterly donation to end on (please check one):* _____ 12/31/2020 or _____ 12/31/2021

You will be billed for your monthly or quarterly donation in the same method of payment you select below. If you pay by check, you will be invoiced; if you pay with a credit card or by automated bank withdrawal, your credit card will be charged or your bank account drafted, after you have been provided with a reminder statement.

METHOD OF PAYMENT:

_____ Check *(make checks payable to Kansas Independent Pharmacy PAC)*

_____ Automatic Bank Withdrawal Bank Routing Number: _____

Account Number: _____

_____ Checking Account _____ Savings Account

_____ Credit Card or _____ Debit Card

Card Number: _____ Security Code: _____

Name on card: _____ Exp Date: _____

Street # for credit card billing address: _____ Zip code for credit card billing: _____

Signature (to authorize bank withdrawal, credit card or debit card): _____

Thank you for your contribution to the Kansas Independent Pharmacy PAC!

Contributions to the Kansas Independent Pharmacy PAC are not tax-deductible for federal income tax purposes as charitable contributions. Contributions are voluntary and will be used to support candidates for state-wide (Kansas) races (i.e., Senator, Representative, Governor, Insurance Commissioner, etc.). The Kansas Independent Pharmacy PAC consults with the Currus lobbyist for recommendations on PAC distribution to candidates. All distributions are approved by the Currus Board of Directors. All contributions will be reported to the Kansas Ethics Commission.