

**SAVE THE DATE**



## **ASHP-PAC BREAKFAST**

**Sunday, June 14, 2009**

**7:30 a.m.-8:30 a.m.**

*Donald E. Stephens Convention Center – (Level 2, Meeting Room: 30)*

*Suggested minimum contribution--\$100 (\$75 Residents, \$50 Students)*

*Contributions and RSVP's should be made to [gad@ashp.org](mailto:gad@ashp.org)*

*Please note: ASHP-PAC is a "separate segregated" fund (SSF) established by the American Society of Health-System Pharmacists. Voluntary contributions by individuals to "ASHP-PAC" should be written on personal checks or personal credit cards. Contributions to ASHP-PAC are not deductible as charitable contributions for Federal Income Tax purposes. The FEC prohibits contributions from individuals who are not citizens or permanent residents of the U.S. Further, contributions by one person in the name of another person are prohibited. PAC contributions are also not reimbursable by an employer or any other entity.*



# ASHP-PAC CONTRIBUTION FORM

**Your gift can help make your voice heard on Capitol Hill!**

- I **will** attend the PAC breakfast at the Summer Meeting, Sunday, June 14, 2009, 7:30 am-8:30 am. at the Donald E. Stephens Convention Center, – (Level 2, Meeting Room: 30).
- I **will not** attend the PAC breakfast at the Summer Meeting, please add me to the Midyear Clinical Meeting event list.

### CONTRIBUTION OPTIONS

- Enclosed is my donation for\* (check one)  
 ( ) \$100 ( ) \$150 ( ) \$200 ( ) \$250 ( ) \$300 ( ) other \$ \_\_\_\_\_

*\*a minimum contribution of \$100 per person (\$75 Residents, \$50 Students) to attend the PAC breakfast at the Summer Meeting, Sunday, June 8, 2008.*

- Charge my personal credit card\*\* \$ \_\_\_\_\_.  
 \*\*FEC guidelines prohibit contributions by corporate credit cards

Please check: ( ) VISA ( ) MC ( ) AMEX ( ) DISCOVER

Account # \_\_\_\_\_

CID Number \_\_\_\_\_ EXP. date \_\_\_\_\_  
*(CID is the 3 or 4 digit security number on the back of your credit card)*

Signature \_\_\_\_\_  
 (Signature as it appears on card)

- Please accept my pledge and bill me for \$ \_\_\_\_\_.

**Please send your pledge, personal check payable to ASHP-PAC to:**  
 American Society of Health-System Pharmacists  
 Attn: Political Action Committee  
 7272 Wisconsin Avenue, Bethesda, MD 20814  
 Fax: 301-664-8862; E-mail: [gad@ashp.org](mailto:gad@ashp.org)  
 Phone: 301-664-8692

#### **Please complete the following information:**

Preferred Mailing Address: ( ) Home ( ) Work

Name \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Business Phone (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_ FAX Number \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

If student, list school \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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