The Oregon Pharmacists Fund (OPF)

The Oregon Pharmacists Fund (OPF) helps elect legislators and statewide officials who will act in pharmacists' best interests. The OPF does this by providing financial support to political campaigns. This is a PAC (Political Action Committee) which can help represent the interests of all Oregon Pharmacists and the needs of our patients.

When you support the Oregon Pharmacists Fund you:

- help elect a more pharmacy-friendly legislature
- receive updates on important legal and regulatory issues
- receive invitations to meet with key policy makers

The best way to make sure a good bill passes, or to stop a bad bill, is to elect the right people.

Take advantage of the Oregon Political Tax Credit! Donate to the Oregon Pharmacists Fund, and subtract up to $100 per couple or $50 per individual from your Oregon income tax bill. It is a TAX CREDIT. You can make a PAC donation once every year. This credit is only available to individuals with adjusted gross income of $100,000 or less and for joint filers $200,000 or less.

The Oregon Pharmacists Fund was created by the Statewide Pharmacy Coalition, Oregon State Pharmacy Association and the Oregon Society of Health-System Pharmacists. Each organization supports the fund as the primary political action vehicle for Oregon's pharmacists**. A PAC committee that considers all practice settings governs disbursements to campaigns.**

Oregon Pharmacists Fund PAC donations may be made by mailing a check or credit card information with the following form to C & A Consulting – 89286 Cranberry Lane, Bandon OR 97411 or fax to 800.967.7380.

----------TEAR OFF AND MAIL ----------

Please accept my political action committee donation to the Oregon Pharmacists Fund.

Please use only one form per contributor, if multiple contributors please provide form for each.

Please print information clearly!

Name _____ Occupation _____ Phone _____

Address _____ City _____ State _____ Zip _____

Email _____ Employer Name* _____

Employer Address* _____

City* _____ State* _____ Zip* _____

Amount of Donation: $_____

Employer/Occupation information is a mandatory requirement for state filing.

Payment method: ❒ check (payable to Oregon Pharmacists Fund) -or- ❒ credit card

Charge $_____ to: ❒ VISA ❒ MC ❒ American Express ❒ Discover

Account # _____ Expire (Month/Year) _____

Billing Address _____

City _____ State _____ Zip _____

Signature _____

Please return form to:

Oregon Pharmacists Fund, c/o C&A Consulting

89286 Cranberry Lane, Bandon, OR 97411

Or fax to: 866.814.0803

Questions? Call 800.293.0510