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Leaders' Circle: \$1,200 President's Circle: \$5.000 \* Champion's Circle: \$2.500  $\star$ Donations to AP Tex PAC continue on a recurring basis until cancelled in writing. \_\_\_\_\_\_ Pharmacy Name:\_\_\_\_\_ Home Address: \_\_\_\_ Position: State 7IP City Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_ □ мс ☐ AMEX **CREDIT CARD PAYMENTS:** ☐ Visa **Monthly Contribution of:** \$250 \$100 \$50 Other Amount: \_\_\_\_\_ \$1,200 **Annual Contribution of:** \$2,500 \$500 \$365 (\$1 a Day) Card #:\_\_\_\_\_ Exp. Date: \_\_\_\_\_ Security Code: \_\_\_\_\_ Name on Card: \_\_\_\_\_ \_\_\_\_\_ Signature: \_\_\_\_\_ **OUARTERLY DEDUCTION:** I authorize American Pharmacies to deduct the contribution elected below from my rebate payment: \$500 Other Amount: \_\_\_\_\_ **Quarterly Deduction of:** \$1,250 \$750 \$250 Note: Contributions made by rebate deduction are considered taxable income and you must report them to the IRS under your SSN, not your pharmacy's tax ID number. Name: \_\_\_\_\_\_ Signature: \_\_\_\_\_ ☐ Please Check This Box to Verify The Following: 1. I am making this contribution with my own personal funds. (Corporate contributions are not allowed.)

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