

Support the goals and purpose of Iowa Pharmacy's Political Action Committee

Iowa Pharmacy Political Action Committee IPPAC Monthly Pay – Credit Card

To sign up, please fill out the form below and return by the 15th of the month for withdrawals from your credit card to begin on or about the 1st of the following month. Must be a **personal credit card** – **Corporate contributions are not allowed.**

If you have any questions, please contact Marla Mecham at 515-270-0713 or mmecham@iarx.org.

Credit Card Account: *Authorization for Automatic Withdrawal / CHARGE.*

Type of Card (Visa - MasterCard - American Express - Discover) **Personal Credit Cards Only**

Cardholders Name _____

Card Number: _____

Expiration Date: _____ Three Digit # (back of card for MC/Visa) _____
Four Digit # (front of card for AMX) _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

On _____ (date) I authorize

Iowa Pharmacy Political Action Committee
8515 Douglas Avenue, Suite 16
Des Moines, IA 50322
P 515-270-0713

Requested monthly payment amount: \$10.00 \$25.00 \$50.00 Other _____

Regular monthly payment date: 1st of every month

Authorized Signature: _____

I may revoke my authorization with the company at any time by writing to the address above.

Thank you for your donation to the Iowa Pharmacy Political Action Committee!