

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

Iowa Pharmacy Political Action Committee 2013 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 the 1st of the following month.

If you have any questions, please contact Kate Gainer at 515-270-0713 or kgainer@iarx.org.

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

Type of Card (Visa - MasterCard - American Express)

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

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

Requested monthly payment amount: \$10.00 \$20.00 \$25.00 Other _____

Regular monthly payment date: 1st of every month

Authorized Signature: _____

Home Phone Number: _____ Work Phone Number _____

Email Address: _____

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