

# OPTOMETRY's PAC

Supporting those who support Optometry

## PAYMENT FORM

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Total Amount of Payment \$\_\_\_\_\_

\_\_\_\_ Credit Card (VISA/MasterCard/AmEx)    \_\_\_\_ Check enclosed (*Payable to: "Optometry's PAC"*)

Payment Method:    \_\_\_\_ Monthly    \_\_\_\_ Quarterly    \_\_\_\_ Semi-Annually    \_\_\_\_ One-time gift

### Credit Card Information

Card Type (Visa, MC, AmEx)	Account/Card Number	Expires (Month/Year)

Name on Card (Print)	Amount
	\$

*I hereby authorize the above amount to be charged to my credit card.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Thank you for supporting  
Optometry's PAC !!**

**Is there an Indiana Representative or Senator that you know on a personal basis? If so, please list their name(s) below:**

\_\_\_\_\_  
\_\_\_\_\_

**Send payment to:** Optometry's PAC  
c/o Indiana Optometric Association  
10 W. Market St, Suite 2995  
Indianapolis, IN 46204  
Fax: (317) 237-3564

*Contributions to Optometry's PAC are not tax deductible.*