



Florida Pharmacy Small Business

POLITICAL ACTION COMMITTEE

★ PAC CONTRIBUTION ★

NAME _____ PHARMACY _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ E-MAIL _____

LEGISLATIVE CONTACTS: SENATE _____ HOUSE _____

CONTRIBUTION

\$250* \$500* \$25AUTOMATIC MONTHLY CONTRIBUTION* \$40 AUTOMATIC MONTHLY CONTRIBUTION*

*Contributions cannot exceed \$500 per election cycle (Section 106.08, F.S.).

METHOD OF PAYMENT

CHECK (Make check payable to FPSB-PAC) CREDIT CARD

ACCEPTED CREDIT CARDS: VISA MASTERCARD DISCOVER AMERICAN EXPRESS

NAME ON CARD: _____ CREDIT CARD #: _____

CVC CODE: _____ EXPIRATION DATE: _____ AMOUNT OF PAYMENT: \$ _____

SIGNATURE: _____

PLEASE EITHER MAIL OR FAX TO: FELISHA SELLERS
ACCOUNTING MANAGER
FPSB-PAC
3375-I CAPITAL CIRCLE, NE.
TALLAHASSEE, FL 32308
FAX #: (850) 895-3051

Processed by



Thank you!