

APA Building Fund:

The APA office building was constructed in 1990 and houses the administrative staff for the association. Just like your home or business, the building needs repairs and maintenance occasionally. A great deal of updating has been completed for the first time since construction was finished such as new windows, carpet, paint, etc. The second floor space remains unfinished but needs to be completed so it can be more effectively utilized. Contributions to the APA Building Fund are used specifically for necessary building repairs, maintenance and upgrades.

_____ YES, I will support the APA Building Fund. (Deductible as a business expense)

Yearly pledge of \$ _____ per year for _____ years

Monthly contribution of \$ _____ per month

One time contribution of \$ _____

Please designate this donation in honor/memory of _____
 name of honoree

APA Scholarship Fund:

APA makes annual contributions to the two pharmacy schools in our state, Auburn University's Harrison School of Pharmacy and the McWhorter School of Pharmacy at Samford University. APA recognizes the need to support the next generation of pharmacists through scholarship programs and is proud to partner with Auburn and Samford to encourage excellence in the profession. The schools use these funds to assist APA student members with their education.

_____ YES, I will support the APA Scholarship Fund. (Deductible as a charitable contribution)

Yearly pledge of \$ _____ per year for _____ years

Monthly contribution of \$ _____ per month

One time contribution of \$ _____

Please designate this donation in honor/memory of _____
 name of honoree

APA PAC Fund:

APA Political Action Committee (PAC) fund is a legally created entity which is allowed to collect and disburse funds for political campaigns. APA uses the funds raised to make financial contributions to candidates for state office who are supportive of the pharmacy profession and who best represent our interests.

_____ YES, I will support the APA PAC and its efforts to help pharmacists play a greater role in Alabama health care.
 (Not deductible)

Yearly pledge of \$ _____ per year for _____ years

Monthly contribution of \$ _____ per month

One time contribution of \$ _____

Please designate this donation in honor/memory of _____
 name of honoree

_____ My check is enclosed

_____ Please bill me

_____ Please debit my credit card

_____ Visa _____ Mastercard _____ Discover _____ American Express 3-digit Code _____

Card # _____ Expiration date _____

Name _____

Address _____

City _____ State _____ Zip _____

Name on Card _____

Address on Card _____

City _____ State _____ Zip _____

Cardholder's Signature _____

Please return this completed form to:

APA, 1211 Carmichael Way, Montgomery, AL 36106 or FAX to (334) 271-5423

THANK YOU FOR YOUR CONTRIBUTION!!!