



**Pharmacy
Advocacy Fund
2017 Contribution**

Pharmacy Advocacy Fund 2017 Contribution:

- \$1,000 per pharmacy (suggested)
- \$500 per pharmacy
- _____ Other Amount Individual

Name	Pharmacy Owner / Key Contact for CPBC if applicable
Pharmacy Address	Preferred e-Mail:
Pharmacy City, State, Zip	Preferred Phone:
County	Preferred Fax:

*To submit for multiple pharmacy locations and contacts, please attach a list including the information noted above.

Please indicate which of the following you would like to be included on:

- Distribution list for CPBC Meeting Notices
- Distribution list for CPBC Updates

Please mail your payment to:

Minnesota Pharmacists Association
Attn: Pharmacy Advocacy Fund
1000 Westgate Drive, Suite 252
St. Paul, Minnesota 55114

Thank you for your continued support of pharmacy!