

If paying by credit card, please complete all information and sign authorization statement before returning. Fax: 614-229-5296



Complete for and return to:  
OSCA C-PAC, OH149  
172 East State Street, Suite 502  
Columbus, Ohio 43215

## PERSONAL INFORMATION

NAME: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

DAYTIME PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*\*State law requires a home address. Post office boxes are not permitted.*

Please check your method of payment:

**Personal Check**

Make PERSONAL check to OSCA-CPAC

**Credit Card**

Provide PERSONAL credit card information below

## CONTRIBUTION

When paying with a personal credit card, you are agreeing to scheduled contributions to OSCA C-PAC that will be automatically renewed. Please select the appropriate box below or write in the amount you would like deducted. In addition, you must read and sign the agreement below authorizing OSCA to process your payment as indicated. If your personal credit card information should change at any time, please notify the OSCA at 800-837-6721.

**I wish to be an 1895 Club Member:**

**\$600/annually**     **\$150/quarterly**     **\$50/monthly**

*If none of the above options work for you... I wish to contribute \$ \_\_\_\_\_:*

**Monthly**     **Quarterly**     **Annually**

**When making credit card contributions, the following paragraphs must be read and a signature is required or the contribution will not be accepted.** By signing below, I authorize the OSCA C-PAC to process the credit card information given below for the amount and time intervals above. I understand that I must provide OSCA C-PAC with written notice to cancel any credit card contributions and that OSCA C-PAC will immediately place a stop before the next contribution interval.

## CREDIT CARD INFORMATION

ACCOUNT NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SECURITY CODE (3 digits on back of card): \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

**Credit Card Payment Method (personal credit cards only):**

**American Express**

**Discover**

**MasterCard**

**VISA**

*OSCA does not use or share credit card information for any other purpose. We retain such information as is needed for standard accounting record keeping requirements. Every step is taken to protect the loss, misuse, and alteration of the information under our control.*

**When paying with a PERSONAL credit card, the following paragraph must be read and a signature is required or the contribution will not be accepted.** By submitting this contribution form, I hereby direct and authorize the Ohio State Chiropractic Association to charge my C-PAC contribution to my **personal credit card** as directed above and hereby declare that the credit card used for this transaction is a **personal credit card** and not a corporate credit card.

PRINT NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

*Important tax information: C-PAC contributions may not be deducted as business or personal deductions for income tax purposes.*