

# Saving Our Pennsylvania Pharmacy "Home"

## Building Fundraiser Corporate Contribution

*Honor Our Historic Past, Current Achievements and Build a Foundation for our Future*



Contributing Organization: \_\_\_\_\_  
*This name will be printed on any related plaques*

Primary Contact Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Save our Pharmacy Home with a Tax Deductible Contribution to support our needed renovations which total over \$500,000**

**Put Your Company's Footprint on Pharmacy's Future in Pennsylvania**  
**We will commit to a Significant Contribution!:**  \$35,000  \$25,000  \$15,000

**Other Levels Also Available:**  \$10,000  \$7,500  \$5,000  Other \$ \_\_\_\_\_

**Whatever your contribution level, you can choose how you wish to cover that over a three year period. Please indicate how you would prefer to be invoiced for this commitment:**



- Single Payment: one payment for the full amount
- Monthly Payments: \_\_\_\_\_ # of monthly payments (maximum 36)
- Quarterly Payments: \_\_\_\_\_ # of quarterly payments (maximum 12)
- Semi-Annual Payments: \_\_\_\_\_ # of semi-annual payments (maximum 6)
- Annual Payments: \_\_\_\_\_ # of annual payments (maximum 3)

Based on your above selection we will bill you upon receipt for the first payment unless you submit payment below and then regularly according to the frequency schedule. If you have any special requests – such as bill us on April 1 of each year – please note on this form.

**Select Payment Method:**

I am enclosing **check #** \_\_\_\_\_ for my initial payment. PPA Educational Foundation will send invoices for any subsequent payments to the email address listed above.

Please charge my **credit card** based on the selections above,

Process first charge:  on date received  \_\_\_\_\_ (preferred date)

Name on Card: \_\_\_\_\_

Card Type:  Visa  MasterCard  Discover Card Number: \_\_\_\_\_

CVV Code: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Signature for charges: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**Make checks payable to and mail to: PPA Educational Foundation, 508 North Third St, Harrisburg, PA 17101-1199**

**Fax to: (717) 236-1618 | Email to: [mdibble@papharmacists.com](mailto:mdibble@papharmacists.com)**

*Contributions are to be made payable to PPA Educational Foundation and mailed/faxed to the address/number above.. The Pennsylvania Pharmacists Association Education Foundation has been granted 501 (c) (3) status by the IRS. Contributions may be deductible as charitable expenses for federal income tax purpose. Please consult your accountant or tax attorney. The official registration and financial information of the Foundation may be obtained from the PA Department of State by calling toll-free in Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.*