

Saving Our Pennsylvania Pharmacy "Home" Building Fundraiser Contribution

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



Contributor Name (as you wish to be recognized): _____

Email Address: _____ Phone: _____

Mailing Address: _____

City, State, Zip: _____

Save our Pharmacy Home with a Tax Deductible Contribution to support our needed renovations which total over \$700,000. Your generosity is appreciated!

<input type="checkbox"/> Keystone \$5,000	<input type="checkbox"/> Foundation \$3,000	<input type="checkbox"/> Cornerstone \$2,500
<input type="checkbox"/> Charter \$1,000	<input type="checkbox"/> Mortar \$500	<input type="checkbox"/> Pestle \$250
<input type="checkbox"/> Historian \$140	<input type="checkbox"/> Donor \$50	<input type="checkbox"/> 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:



Please split the selected amount into:

- 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 me on April 1 of each year – please note on this form.

- Please sign here: _____

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

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.