



# Proactive Optometry Initiative

\$ \_\_\_\_\_ **Total Yearly Proactive Optometry Investment**  
= *(The suggested yearly investment is \$2,000)*

\$ \_\_\_\_\_ **POPAC Portion**  
+ *(Of the above total, how much would you like to pay directly to POPAC via the POA?)*

\$ \_\_\_\_\_ **Optometry Grassroots Portion**  
*(Of the above total, up to 50% can be paid directly to the legislator(s) of your choice.)*

☐ **MAKE ME A 10K OR 15K ADVOCATE** — I am joining my growing group of colleagues that made a \$10,000 or more pledge to the Proactive Optometry Initiative. **We're in for the long run!**

I will invest ☐ **\$10,000** at \$2,000/year, ☐ **\$15,000** at \$3,000/year or ☐ \$ \_\_\_\_\_ at \$ \_\_\_\_\_ /year



**AOAPAC** Amount: \$ \_\_\_\_\_ *(The suggested yearly investment is \$300)*

Investment to be paid ☐ Monthly, ☐ Quarterly, ☐ Semi-Annually, ☐ Annually, or ☐ One-time

## Member/Payment Information

Corporate donations are not permitted under state law. All contributions must be made via PERSONAL check, credit or debit card.

Name \_\_\_\_\_ Local Society \_\_\_\_\_

Email address \_\_\_\_\_

☐ Check # (One-time POA or AOA contribution only, made payable to POPAC or AOA-PAC) \_\_\_\_\_

☐ Credit Card # \_\_\_\_\_

☐ MasterCard ☐ Visa ☐ Discover ☐ AmericanExpress

Expiration Date \_\_\_\_\_ 3-Digit Security Code (back of card) \_\_\_\_\_

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

Billing Address for Card \_\_\_\_\_

☐ Debit Card (or Bank Account #) \_\_\_\_\_

Bank Routing # \_\_\_\_\_

I will pay my above POPAC investment ☐ Monthly, ☐ Quarterly, ☐ Semi-Annually, ☐ Annually, or ☐ One-time

By signing, I authorize the POA to bill my credit card for any Grassroots Optometry Network contribution I may not have met by the end of the calendar year as an additional POPAC investment.

By signing, I authorize POPAC/AOA-PAC to charge my credit card or debit card according to the contribution I have pledged above and understand my account will be charged 1) ONCE for a one-time contribution or 2) MONTHLY, QUARTERLY, SEMI-ANNUALLY, or ANNUALLY AS I INDICATED for a recurring yearly contribution until I cancel automatic payments.

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Mail this form to:** POA  
218 North Street  
Harrisburg, PA 17101  
**Fax to:** (717) 233-6833

*Contributions for POPAC/AOA-PAC are not deductible for federal tax income as a charitable contribution. POPAC complies with applicable laws and files regular reports with the Bureau of Elections. Update credit/debit card information by phone: 717-233-6455.*

### OFFICE USE ONLY

Date received \_\_\_\_\_

Date of first cc charge \_\_\_\_\_

**Thank you for investing in Optometry's future!**