



*Contribute to the Survival
of OUR Profession
and YOUR Business!*

Date: _____

If you wish to make a contribution to Value Drug Company Political Action Committee (Value PAC), please supply the following information:

Name: _____

Pharmacy Name: _____ Value Acct#: _____

Email Address: _____

DIAMOND CLUB (\$2,000 & Up)	EMERALD (\$1,000-\$1,999)	ALEXANDRITE (\$500-\$999)	RUBY (\$250-\$499)	SAPPHIRE (\$50-\$249)
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Enclosed is my personal check* made payable to: Value Drug PAC

I hereby authorize a credit card contribution as follows:

ANNUAL DEBIT QTRLY DEBIT ONE-TIME DEBIT

***NOTE: Business/Corporate Checks or Credit Cards are Prohibited by Pennsylvania State Law.**

MASTERCARD # :																				
Exp. Date :																				
C.I.D. Code:																				
Amount: \$	_____																			

VISA # :																				
Exp. Date :																				
C.I.D. Code:																				
Amount: \$	_____																			

Name on Account: _____ Signature: _____

Billing Address: _____

PLEASE NOTE
All credit card contributions will roll over at year end unless you specify otherwise.

Please return this completed form to Mike Remillard as follows:

Fax: (814) 283-1697 | **Phone:** (814) 283-2193 | **Email:** mremillard@valuedrugco.com
U.S. Mail: Value Drug Company PAC, P.O. Box 1027, 195 Theater Drive, Duncansville, PA 16635