



# KOPAC

## DONOR FORM

Your support is vital to optometry today to enable us to reach our legislators and be heard.

**Platinum** | \$2,500

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**Student** | \$25

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Name: \_\_\_\_\_ Address: \_\_\_\_\_

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Phone: \_\_\_\_\_

**Enclosed is my contribution for 2020** (payable to Kansas Optometric Political Action Committee (KOPAC))  
*Please do not combine your KOPAC contribution with your KOA dues payment.*

**Please charge my contribution for 2020 of \$\_\_\_\_\_ to my:**

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Please charge me:  Annually     Semi-Annually     Quarterly     Monthly

*Call 785-232-0225 to discuss setting up EFT.*

**Please return to:** KOPAC: 1266 SW Topeka Boulevard, Topeka, KS 66612

Phone: 785-232-0225 | Fax: 785-232-6151

*Contributions to the Kansas Optometric Political Action Committee (KOPAC) are not deductible for federal income tax purposes.*