



KOPAC

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Name: _____ Address: _____

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Enclosed is my contribution for 2021 (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 2021 of \$_____ to my:

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Card Number: _____ Expiration Date: _____ CCV: _____ Zip: _____

Name on Card (please print): _____

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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.