



KOPAC

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Name: _____ Address: _____

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Enclosed is my contribution for 2023 (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 2023 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: 632 SW Van Buren St., Ste. 100 Topeka, KS 66603

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.