



## We're fighting...

- ★ For prohibition of onerous retroactive pharmacy DIR Fees
- ★ To prohibit spread pricing in Medicaid managed care
- ★ For Pharmacy choice under Medicare Part D
- ★ For Medicare Payment for enhanced pharmacist services

## Our Formula for Legislative Success:



### Members like YOU

Yes, you. Not only do you vote, but you have influence with family, friends and patients. NCPA depends on you to leverage that influence in urging them to support pharmacy-friendly candidates.



### NCPA PAC

It takes a well-funded PAC to support the campaigns of pharmacy-friendly candidates...and to help build the credibility of your profession as an effective and influential group.



### An effective NCPA advocacy team

Your NCPA PAC is highly respected, and thanks to the funding you provide for NCPA's PAC, they have a track record of success in representing your interests.



**Influence and protection you could never achieve on your own.**

You must use personal check or credit card to contribute to the NCPA PAC. We cannot accept funds from a corporate entity. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.

Please return this investment form to NCPA via:

★ Fax: 703.683.6375

★ Mail:

NCPA PAC  
100 Daingerfield Road  
Alexandria, VA 22314

★ Online: [www.ncpa.org/pac](http://www.ncpa.org/pac)



*Contributions to the NCPA PAC are not deductible for federal income tax purposes. All contributions are voluntary and you may refuse to contribute without reprisal. Contributions to NCPA PAC are for political purposes. The guidelines are merely suggestions. You are free to invest more or less than the guidelines suggest and NCPA will not favor or disadvantage you by reason of the amount contributed or the decision not to contribute.*

## Here's my vote for my pharmacy!

I want to help elect members of Congress who think like I do about my patients and my pharmacy business. Please add my investment to those of my owner-manager/ pharmacist colleagues and use it to advance our profession.



NAME \_\_\_\_\_ NCPA MEMBER # (IF KNOWN) \_\_\_\_\_

PHARMACY NAME \_\_\_\_\_ POSITION IN PHARMACY/BUSINESS \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL \_\_\_\_\_

**One-time investment amount by:**

Check     Credit Card

\$5000     \$2500     \$1000

\$500     \$250     \$100

Other amount: \$ \_\_\_\_\_

**Personal Credit Card Payment—Installments or One-Time**

Other amount: \$ \_\_\_\_\_ Monthly payment of \$ \_\_\_\_\_

**Credit Card:**  Visa     MC     AMEX     Discover

CARD # \_\_\_\_\_ EXP. DATE \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

CARDHOLDER SIGNATURE \_\_\_\_\_ TODAY'S DATE \_\_\_\_\_