



Please fill out this form and return to RxPAC, c/o PSSNY,
210 Washington Ave. Ext., Albany, NY 12203, Fax 518.464.0618
All fields are required. Questions? Call 800.632.8822

NYS RxPAC Membership Contribution Form

Billing Information - information must match the information on your credit card

Name: _____ Company: _____

If applicable

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

RxPAC Membership Levels:

Diamond - \$400.00 per month

Gold - \$50.00 per month

Titanium - \$200.00 per month

Silver - \$25.00 per month

Platinum - \$100.00 per month*

Platinum is the suggested minimum contribution level for pharmacy owners.

This contribution is paid by a: Personal credit card Company/Corporate credit card

Corporate Name/LLC: _____

Please charge my: Visa MasterCard Discover American Express

CC Number: _____ Exp: _____ CVV: _____

By signing this form I authorize PSSNY to charge my credit card based on the above.

Signature: _____

RxPAC, c/o PSSNY
210 Washington Ave. Ext. Albany, NY 12203 Ph: 800.632.8822 or Fax 518.464.0618
[Email: staff@pssny.org](mailto:staff@pssny.org)

Pharmacy's Political Action Committee of New York State

RxPAC Requests and Events Listing Form

By completing and submitting this form you are assisting the RxPAC management team to maintain an accurate list of scheduled fund-raisers sponsored by candidates and political committees. Because there is no centralized or official listing of these events. RxPAC compiles our own.

Thank you for being a member of RxPAC of New York and for participating in the political process by letting us know about the invitations you receive and whether you are interested in attending upcoming events. As RxPAC leaders, we are dedicated to developing pharmacy's political action committee into a significant political force in New York. Your involvement as an active member of RxPAC is key in that effort.

This form provides a mechanism for RxPAC members to notify the RxPAC Chairman and staff about invitations to political events. A RxPAC member is someone who has contributed in the current calendar year.

Name of Campaign/Candidate _____

Date of the event _____ Time _____

Place of the event _____

Are you a current RxPAC contributor? (Circle) Yes No

If yes, one-time or recurring monthly contributor? (Circle)

If no, please consider joining. RxPAC needs your help. Join online at newyorkrxpac.org.

Would you like to attend the event? _____

How were you notified about the event? (Circle) Call Fax Email

Was a specific contribution requested? Amount \$ _____

What is the best phone number to reach you if we have any questions? _____

Please fax a copy of the invitation you received to 518-464-0618 or forward the email to staff@pssny.org. Thank you for your active participation in pharmacy's political action committee.

Working toward a brighter tomorrow for us all!

Ray Maciocci, **Chair**
Dhiren Patel, **Vice-Chair**
William Scheer, **Treasurer**
Kathy Febraio, **Secretary**

