

Contribute to the Future of APA

APA Building Fund:

The APA office building was constructed in 1990 and houses the administrative staff for the association. Just like your home or business, the building needs repairs and maintenance occasionally. Recently, a great deal of updating has been completed for the first time since construction was complete such as new windows, carpet, paint, etc. The second floor space remains unfinished but needs to be completed so it can be more effectively utilized. Contributions to the APA Building Fund are used specifically for necessary building repairs, maintenance and upgrades.

APA Scholarship Fund:

APA makes annual contributions to the two pharmacy schools in our state, Auburn University's Harrison School of Pharmacy and the McWhorter School of Pharmacy at Samford University. APA recognizes the need to support the next generation of pharmacists through scholarship programs and is proud to partner with Auburn and Samford to encourage excellence in the profession. The schools use these funds to assist APA student members with their education.

APA PAC Fund:

APA Political Action Committee (PAC) fund is a legally created entity which is allowed to collect and disburse funds for political campaigns. APA uses the funds raised to make financial contributions to candidates for state office who are supportive of the pharmacy profession and who best represent our interests. Contributions may be made at any time by cash, check or credit card. A monthly or annual draft may also be designated using the form below.

YES, I will support the APA Building Fund. (Deductible as a business expense)

YES, I will support the APA Scholarship Fund. (Deductible as a charitable contribution)

YES, I will support the APA PAC and its efforts to help pharmacists play a greater role in Alabama health care.
(Not deductible)

Please designate this donation in honor/memory of _____ name of honoree
(circle one)

Yearly pledge of \$ _____ per year for _____ years

Monthly contribution of \$ _____ per month

One time contribution of \$ _____

My check is enclosed

Please bill me

Please debit my credit card

Visa Mastercard Discover American Express

Card # _____ Expiration date _____

Name _____

Address _____

City _____ State _____ Zip _____

Please return this completed form to:

APA, 1211 Carmichael Way, Montgomery, AL 36106 or FAX to (334) 271-5423

THANK YOU FOR YOUR CONTRIBUTION!!!