

TO PROTECT AND PROMOTE OSTEOPATHIC MEDICINE IN OKLAHOMA.

2025	$\bigcirc\bigcirc$ PAC	CONTRIBUTION 1	[FVFI S

	2025 OOP	AC CONTRIBUTION LI	EVELS	
PLATIN	um PAC Partner \$2,500	EXECUTIVE PA	C PARTNER \$1,000-\$2,499	
☐ PREMIE	ER PAC PARTNER \$500-\$9	99 PAC PARTNER	\$499 OR LESS	
	2025	OODLO Liverani		
	2025	OOPAC Investment		
MY PERSONA	AL CHECK MADE PAYABLE	to "OOPAC" is enclosed i	n the amount of \$	
I WOULD LIF	KE TO MAKE A ONE-TIME (CONTRIBUTION. PLEASE CH	arge my credit card \$	
I COMMIT TO	O MONTHLY CONTRIBUTI	ons to OOPAC. Please ch	HARGE MY CREDIT CARD:	
■ \$2,508 (\$209 PER MONTH)		■ \$1,200 (\$100 per month)		
■ \$1,008 (\$84 per month)		□ \$504 (\$42 PER	■ \$504 (\$42 per month)	
□ VISA	■ MASTERCARD	☐ AMERICAN EXPRESS	☐ DISCOVER	
ACCOUNT NUMB	DED.		EXPIRATION DATE:	
ACCOUNT NUME)ER.		EXTRATION DATE:	
Name as it appe	EARS ON CARD:		CID:	
Address:				
CITY STATE 71P.				
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I DECLARE THAT THIS CONTRIBUTION IS FREELY AND VOLUNTARILY GIVEN FROM MY PERSONAL PROPERTY. I HAVE NOT DIRECTLY OR INDIRECTLY BEEN COMPENSATED OR REIMBURSED FOR THE CONTRIBUTION. *This* PERSONAL CONTRIBUTION IS NOT DEDUCTIBLE AS A DONATION OR BUSINESS EXPENSE.

OCCUPATION: EMPLOYER:

PLEASE MAIL TO:

OOPAC, 4848 N. LINCOLN BLVD., OKLAHOMA CITY, OK 73105-3335

You may also call the OOA office at 405-528-4848 and contribute over the phone