



Q: How will your tax deductible investment be spent?

A: The Board of Trustees has identified six areas of need:

Pharmacy Student Scholarships

A pharmacy student scholarship fund will provide annual scholarships to three colleges of pharmacy in the State of Florida and one “Family” scholarship for the sons and daughters of Florida Pharmacy Association members who are enrolled in any college or school of pharmacy in the country. The scholarships will recognize scholastic achievement and professional involvement.

Recovering Pharmacist Network of Florida

The Foundation is committed to helping the Recovering Pharmacist Network restore the personal and professional lives of impaired pharmacists and their families.

Patient Education Fund

The patient education fund will be used to prepare and support pharmacists in their role of educating patients about their medication.

Student Association Development

These funds will be used to nurture future leaders by instilling early and often the importance of professional involvement and the rewards that accompany it. Programs such as the “Adopt-A-Student” campaign to encourage participation at the FPA annual meeting; a student patient counseling competition; and a student clerkship rotation in association management at the FPA will be funded annually.

Disaster Relief Fund

The disaster relief fund is established to assist pharmacists in recovering from the destruction of a natural disaster. Numerous pharmacists affected by

Hurricane Andrew have received assistance from this fund.

Demonstration Project Grants

These funds will be used to establish a small grants program to provide financial support for innovative projects that are relevant to and have potential impact on the practice of pharmacy in the state of Florida.

Q: How much should I give?

A: Every gift—no matter what its size—will be an important part of our fund drive and will contribute to fulfilling the mission of the Foundation. In addition we have established recognition for levels of giving. Amounts of individual gifts always remain confidential, however, contributions by the following categories will be acknowledged in our Quarterly Reports:

<i>Giving Opportunities</i>	
	Five year pledges (5 year total)
Leaders	\$5,000 or more
Benefactors	\$2,500 to \$4,999
Patrons	\$1,000 to \$2,499
Partners	\$500 to \$999
Donors	\$100 to \$499
Contributors	up to \$99

Q: Can I designate where I wish to have my tax deductible investment spent?

A: Absolutely. On pledge cards you may indicate if your gift should be earmarked for one or more of the six funds outlined above or if you wish to make an unrestricted gift.

FRIEND

Pledge Card

To Send us your payment

Fund Goals (please check box(es) to designate which fund(s) you wish to contribute to):

- | | |
|--|---|
| <input type="checkbox"/> Pharmacy Student Scholarships | <input type="checkbox"/> Demonstration Project Grants |
| <input type="checkbox"/> Student Association Development | <input type="checkbox"/> Disaster Relief |
| <input type="checkbox"/> Patient Education | <input type="checkbox"/> Unrestricted Gift |
| <input type="checkbox"/> Recovering Pharmacist Network | |

I pledge \$_____ to the FPA Foundation to be paid as follows:

1. Check for the full amount enclosed for \$_____
2. Check for \$_____ enclosed. Remaining balance to be paid in 4 equal additional annual payments.
3. Please charge my Visa Master Card.

Card No. _____

Exp. Date _____

Authorized Signature

Remaining Balance to be paid in 4 equal additional annual payments.

Name _____

Address _____

City, State, Zip _____

Phone (H) _____ (W) _____

May we publish your name as a **Friend of the Foundation**?

Yes No

Contributions to the Florida Pharmacy Association Foundation are tax deductible as a charitable contribution for federal income tax purposes. Consult your CPA for complete details. Fed Emp. I.D. #59-2190074

1. Please fill out the form at left and separate along the dotted line.
2. If you are sending a check, please fold card and staple check inside before dropping the postage paid reply card in the mail.
3. If you are paying by credit card be sure to complete all credit card information including signature and expiration date.
4. Fold card and seal with tape or staple shut.

Thank You

FRIEND

Where You See the Need . . . **As A** **FRIEND**

The **Florida Pharmacy Association Foundation Trustees** invite you to join together with us in our mission to help today's generation and future generations of pharmacists. As a **Friend of the Foundation** you have an opportunity to Share the Spirit of Pharmacy where you see the need. The FPA Foundation serves as a vehicle for pharmacists to help pharmacists, students of pharmacy and families of pharmacists.

“It is one of the beautiful compensations of this life that no one can sincerely try to help another without helping himself.”

—Ralph Waldo Emerson

SHARE THE SPIRIT OF PHARMACY

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