

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

AGAIN

BUSINESS REPLY MAIL

FIRST CLASS MAIL

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TALLAHASSEE, FL

Postage will be paid by addressee:

**FLORIDA PHARMACY ASSOCIATION
FOUNDATION**

610 North Adams Street
Tallahassee, Florida 32301-9982

NO POSTAGE
NECESSARY
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IN THE
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