

SCOPA-PAC Needs Your Support!!!

For more than 100 years, the SCOPA has been committed to the advancement and future of the profession of optometry in South Carolina. In particular, the SCOPA-PAC plays an essential and vital role in our advocacy initiatives and helps to ensure our profession is thoroughly protected and that we have a strong political voice. By making an investment in SCOPA-PAC you are helping to safeguard the profession of optometry in South Carolina, helping to expand our role in healthcare while also ensuring the health and wellbeing of our patients.

Please make your contribution today! If you have any questions, please contact Jackie Rivers or Anna Balderson at the SCOPA office by calling 1-877-799-6721.

Name							
Billing	Address:						
City: _			State:	Zip Co	de:		
			E-mail address:				
*** Pla	ease note, a receipt wi	ll be sen	t to the e-	mail that is provide	d above	2.	
Please	check the appropriate	e box ar	nd circle ye	our preferred payn	nent sch	nedule if applicable:	
	Visionary Level:	\$2,000		\$500 per quarter		\$167 per month	
	Presidential Level:	\$1,000		\$250 per quarter		\$84 per month	
	Congressional Level:	\$500		\$125 per quarter		. \$42 per month	
	Dollar A Day:	\$365		\$91.25 per quarte	er		
	Capitol Club:	\$200		\$50 per quarter			
	Other: \$		SCOPA St	udent \$20			
SCOPA	suggested giving amour	nts based	d on vears i	n practice:			
	First Year:	\$100	,	Fifth Year:		\$500	
	Second Year:	\$200		Tenth Year:		\$1,000	
	Third Year:	\$365		Fifteen or long	er:	\$2,000	
BILLING	G INFORMATION: Please	e charge	mv credit c	ard 🗆 M/C 🗖 Visa	Disco	over or 🗖 American Express for	
		-				r amount and circle billing schedule.	
Credit	Card Statement: Thereb	ly author	rize the SCC	PA to deduct the an	iount ou	Itlined above from my credit card.	
Name a	as it appears on card:						
Credit	Card Number:						
Expiration Date:				CVV:			
Signature:				Date:	Date:		

NOTE: This pledge will remain in effect each year until changed in writing by the person making the pledge.