

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 Code: _	
*** Pla	ease note, a receipt wi	ll be sent to the o	e-mail that is	provided abo	ove.
Please	check the appropriat	e box and circle	vour preferre	d payment s	schedule if applicable:
		\$2,000 \$1,000 \$500 \$365 \$200 D SCOPA S nts based on year \$100 \$200	 \$500 per d \$250 per d \$125 per d \$91.25 per d \$50 per du \$50 per du Student sin practice: Fifth Ye Tenth Ye 	uarter uarter uarter quarter arter \$20	 \$167 per month \$84 per month \$42 per month \$500 \$1,000
\$	/ (annual	ly, quarterly or mo	onthly). Please	fill in your do	scover or American Express for Ilar amount and circle billing schedule.
Credit	Card Statement: I hereb	by authorize the So	COPA to deduc	t the amount	outlined above from my credit card.
Name a	as it appears on card:				
Credit	Card Number:				
Expirat	ion Date:			CVV:	
Signatu				Date:	

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