



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: _____

Phone number: _____ E-mail address: _____

*** Please note, a receipt will be sent to the e-mail that is provided above.

Please check the appropriate box and circle your preferred payment schedule 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 quarter
- Capitol Club:** \$200 \$50 per quarter
- SCOPA Student:** \$20
- Other:** \$ _____ **Date of Pledge Year:** _____



SCOPA suggested giving amounts based on years in practice:

First Year: \$100	Fifth Year: \$500
Second Year: \$200	Tenth Year: \$1,000
Third Year: \$365	Fifteen or longer: \$2,000

BILLING INFORMATION: Please charge my credit card M/C Visa Discover or American Express for \$_____ / _____ (annually, quarterly or monthly). Please fill in your dollar amount and circle billing schedule.

Credit Card Statement: I hereby authorize the SCOPA to deduct the amount outlined above from my credit card.

**You may also contribute directly online by scanning the QR Code above.*

Name as it appears on card: _____

Credit Card Number: _____

Expiration Date: _____ CVV: _____

Signature: _____ Date: _____

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