



SCOPA-PAC Needs Your Support in 2025!!!

For more than 100 years, 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 helping to ensure the health and wellbeing of our patients.

Please make your pledge for 2025 today! If you're currently supporting SCOPA PAC and have a question about your level of support, please contact Jackie Rivers or Anna Balderson at the SCOPA office by calling 803.799.6721.

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:

- Legacy Level:** \$5,000 annual payment | \$2,500 bi-annual | \$1,250 quarter
- Benefactor Level:** \$3,000 annual payment | \$1,500 biannual | \$750 quarter
- Visionary Level:** \$2,000 annual payment | \$1,000 biannual | \$500 quarter
- Presidential Level:** \$1,000 annual payment | \$500 biannual | \$250 quarter
- Congressional Level:** \$500 annual payment | \$250 biannual | \$125 quarter
- Dollar A Day:** \$365 annual payment or \$91.25 per quarter
- Other:** \$ _____ annual payment



SCOPA suggested giving amounts based on years in practice:

First Year:	\$100	Fifth Year:	\$500
Second Year:	\$200	Tenth Year:	\$2,000
Third Year:	\$365	Fifteen Years and up:	\$5,000

BILLING INFORMATION: Please charge my credit card M/C Visa Discover or American Express for \$_____ / _____ (annually, biannually or quarterly). Please fill in your dollar amount and circle billing schedule. **If paying annually, your card will be charged on January 25th. If paying quarterly, your card will be charged on the 25th of January, April, July and October. Depending on when you make your pledge, the SCOPA office will contact you regarding your 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 unless changed in writing by the person making the pledge.