

We're fighting...

- ★ *for provider status under Medicare*
- ★ *for prohibition of onerous retroactive pharmacy DIR Fees*
- ★ *for greater generic (MAC) pricing transparency*
- ★ *for pharmacy choice under Medicare Part D*
- ★ *for common-sense, patient-friendly compounding regulations*
- ★ *against changes to the Medicaid program that would reduce or eliminate prescription drug coverage for recipients*
- ★ *for flexibility in the TRICARE program to allow independent pharmacies to compete*

Our Formula for Legislative Success:



Members like YOU

Yes, you. Not only do you vote, but you have influence with family, friends and patients. NCPA depends on you to leverage that influence in urging them to support pharmacy-friendly candidates.



NCPA PAC

It takes a well-funded PAC to support the campaigns of pharmacy-friendly candidates...and to help build the credibility of your profession as an effective and influential group.



An effective NCPA advocacy team

Your NCPA advocacy team is highly respected, and thanks to the funding you provide for NCPA's Legal Defense Fund, they have a track record of success in representing your interests.



Influence and protection you could never achieve on your own.

You must use personal check or credit card to contribute to the NCPA PAC. We cannot accept funds from a corporate entity. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.

Please return this investment form to NCPA via:

★ **Fax:** 703-683-6375

★ **Mail:**

NCPA PAC

100 Daingerfield Road

Alexandria, VA 22314

★ **Online:** www.ncpanet.org/pac

Contributions to the NCPA PAC are not deductible for federal income tax purposes. All contributions are voluntary and you may refuse to contribute without reprisal. Contributions to NCPA PAC are for political purposes. The guidelines are merely suggestions. You are free to invest more or less than the guidelines suggest and NCPA will not favor or disadvantage you by reason of the amount contributed or the decision not to contribute.

Here's my vote for my pharmacy!

I want to help elect members of Congress who think like I do about my patients and my pharmacy business. Please add my investment to those of my owner-manager/ pharmacist colleagues and use it to advance our profession.



NAME _____ NCPA MEMBER # (IF KNOWN) _____

PHARMACY NAME _____ POSITION IN PHARMACY/BUSINESS _____

HOME ADDRESS _____ CITY _____ STATE _____ ZIP _____

TELEPHONE _____ FAX _____ EMAIL _____

One-time investment amount by:

Check Credit Card

\$5000 \$2500 \$1000

\$500 \$250 \$100

Other amount: \$ _____

Personal Credit Card Payment—Installments or One-Time

Other amount: \$ _____ Monthly payment of \$ _____

Credit Card: Visa MC AMEX Discover

CARD # _____ EXP. DATE _____

CARDHOLDER NAME _____

CARDHOLDER SIGNATURE _____ TODAY'S DATE _____