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.

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

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.ncpang.net/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
  □ Other amount: $ __________

☐ Other amount: $ __________  Monthly payment of $ __________

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