New Jersey OPAC Contribution

Right now, lawmakers and government officials, not trained in medicine, are making decisions on legislation that may affect our specialty and how we provide patient care. It is important that ophthalmologists band together and aggressively take on the role of patient advocate.

OPAC is an effective and efficient way to help us communicate our views to legislators. Help assure that OPAC will be able to impact on the important legislative issues that affect you.

We'd like you to consider OPAC contributions to be part of your monthly ritual expenses, just as you do for telephone, insurance, etc... We're proposing the equivalent of what a couple of eye exams each month are worth to you.

Please pro	cess my monthly	contribution as follows:	
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	\$100 per mor	nth	
_	\$150 per mor		contribution by check in the amount
	\$200 per mor		of \$
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	Φ	per month	
Name			
Practice/Group			
Office Address			
Office Phone			
Home Address _			
Email			
CREDIT CARD INFORMATION (use your personal or corporate credit card)			
	VISA	□ MASTERCARI)
Cardholder Name			
Account Number		Expiration Date	
Signature (not valid without signature)			

Please FAX Completed Form to 609-393-9891 or mail the completed form with your payment to: NJ OPAC 414 River View Plaza, Trenton, NJ 08611

I authorize OPAC to charge the amount indicated above to my credit card.