



GPAC

**Get Involved Today
to Protect Your
Business Model,
Fair Competition
And Patient Rights**



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Corpus Christi, TX 78401
877-634-5445 Toll Free
Fax: 361-887-6111
www.aprx.org

Join the Fight. Support GPAC.

These are critical times for independent pharmacy and the patients we serve. Powerful, well-funded PBMs are using managed care to limit the scope of pharmacy practice, cut payments, stifle competition and restrict patient choice. These issues are shaped by elected leaders — many new in office — who usually don't understand your profession or your business model.

GPAC is the political action committee of American Pharmacies. Contributions to GPAC are used for:

- Financially aiding legislators and candidates who understand community pharmacy's vital role and support our issues;
- Helping elected leaders understand how their decisions affect the economic and competitive welfare of independent pharmacy;
- Holding events to recognize and support the legislative friends of Texas community pharmacy; and
- Educating APRx members and other community pharmacists about the impact of the political process on our business model.

It's Easy to Contribute to GPAC

Just fill out the pledge form below and send it to APRx. You can contribute immediately by check or credit card, or specify a donation amount to be withheld from your annual APRx shareholder dividend/rebate payment. However you pay, you are doing your part to ensure the economic viability of independent pharmacy in meeting patient needs.

YES — I Will Contribute:

☐ \$2,000 ☐ \$1,000 ☐ \$750 ☐ \$500 ☐ Other _____

Name: _____ Pharmacy Name: _____

Address _____ City _____ State _____ ZIP _____

Phone: _____ FAX: _____ Email: _____

☐ **Pay By Check:** Send check payable to **American Pharmacies GPAC** to:
APRx, 802 N. Carancahua St., Suite 1830, Corpus Christi, TX 78413

☐ **Pay By Credit Card:** ☐ Visa ☐ MasterCard ☐ AMEX

Card #: _____ Exp. date: _____ Security code: _____

Cardholder Name: _____ Phone: _____

Billing Address _____ City _____ State _____ ZIP _____

You may Fax your completed payment form to: 361-887-6111.

☐ **Dividend/Rebate Deduction*:**

I authorize American Pharmacies to deduct my **GPAC contribution** from my annual dividend/rebate.

Name: _____ SSN: _____

Signature: _____

*** Contributions to GPAC made by dividend/rebate deduction are considered personal income and must be reported to the IRS under your own SSN, not your pharmacy's Tax ID number.**

All donations to GPAC are used for political purposes and are not deductible for federal income tax purposes. All contributions must be made from personal funds.