



Nevada Optometric PAC Contribution Form

I want to do my part in support of Optometry in Nevada. I will commit the following amount to back the legislative effort of the Nevada Optometric PAC.

Enclosed is my check for \$ _____ made payable to Nevada Optometric PAC

Please charge my credit card \$ _____ for Nevada Optometric PAC on a

Monthly basis

Quarterly basis

Annual basis

Nevada Optometric PAC dues will be processed on the last day of the month

I authorize Nevada Optometric PAC to automatically bill the card listed below

American Express

Discover

Master Card

Visa

Cardholder Name as shown on card: _____

Card Number: _____ Exp. Date _____ CVV _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone Number: _____

Doctor(s)/Practice Name for Contribution Recognition: _____

Cardholder Signature: _____ Date: _____

Please complete and return form either via email to terri@nvoptometric.com or via fax to 702.974.4446 or via mail to:

Nevada Optometric PAC
1344 Disc Drive #185
Sparks, NV 89436
Phone: 702.220.7444