CAL-OPAC Contribution Form

Cal-OPAC was formed to represent your interests in Sacramento and to help establish vital relationships with aspiring and existing California elected officials. Cal-OPAC is a bipartisan committee that supports candidates and legislators at the state level who understand the challenges of practicing as an optometrist in California. With YOUR donation to Cal-OPAC, the California Optometric Association can ensure that public officials are educated about the vital role optometrists play in the healthcare arena!

State law requires the following information for each contribution made to Cal-OPAC. If you are paying for the Cal-OPAC contribution from a business account, then the contribution is actually from the business and must be reported as such. Please complete the applicable information below.

What is the amount of your contribution?
☐ $100

☐ Payments From a Personal Account:
Name: ____________________________________________ Occupation: ____________________________________________
Employer (If self-employed, please provide name of business) ____________________________________________
Street Address: __________________________________ City: ______________ State: ____ Zip: __________
Phone Number: ______________ Fax Number: ______________ E-mail Address: ______________ License #: ________

☐ Personal Check: Please make your check payable to Cal-OPAC and attach to this form. Check # ______________

☐ Personal Credit Card:
☐ Visa ☐ Master Card ☐ American Express
Name as it appears on card: ____________________________
Card Number: ____________________________ Expiration: ____________________________

☐ Payments from a Business Account:
Business Name: ____________________________
Street Address: __________________________________ City: ______________ State: ____ Zip: __________
Name(s) of OD(s) on whose behalf the business is contributing: (list others back of form if necessary).
Name: ________________________________________ License #: ________ Amount $ __________
Name: ________________________________________ License #: ________ Amount $ __________

☐ Business Check Please make your check payable to Cal-OPAC and attach to this form. Check # ______________

☐ Business Credit Card
☐ Visa ☐ Master Card ☐ American Express
Name as it appears on card: ____________________________
Card Number: ____________________________ Expiration: ____________________________

PLEASE RETURN THIS FORM TO:

California Optometric Association Political Action Committee (Cal-OPAC)
2415 K Street
Sacramento, CA 95816

Cal-OPAC contributions are completely voluntary and NOT tax deductible. Contributions to Cal-OPAC from an individual or a business may not exceed $7,300 in one calendar year. An individual or business that contributes $100 or more in a calendar year will be publicly reported.

“Of, by, and for Optometry.”