



California Orthopaedic Association

DONATE TO OPAC

COA needs lobbyist and law makers to help further the interest of orthopaedic medicine but **YOU** are the most powerful advocate to keep medical decisions in well-trained hands. As someone who serves on the front lines of health care delivery and elected officials need to **HEAR YOUR VOICE** to make informed policy, legislation and regulations. And you don't need to be a political expert to have an impact. Your generous contribution will help COA's efforts to advocate on your behalf.

SUGGESTED DONATION LEVELS:

- **Supporter Level:** Up to \$100 Annually
- **Sustaining Level:** \$150 Annually (\$12.50 Monthly)
- **Capitol Level:** \$300 Annually (\$25.00 Monthly)
- **Regency Level:** \$600 Annually (\$50.00 Monthly)
- **Presidential Level:** \$1,000 Annually (\$84.00 Monthly)

NAME: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

CONTRIBUTION AMOUNT: _____ One-Time Monthly* Yearly*

PAYMENT INFORMATION:

Check Enclosed Visa MasterCard American Express

Debit/Credit Card # _____ Exp. Date: ____ / ____ Security Code: ____

Signature: _____ (Not required if sending electronically.)

*Reoccurring payments will automatically renew on a yearly basis. To cancel your payment plan at any time, please contact 916-454-9884.

Since you are interested in politics...

COA encourages **YOU** to get personally involved in politics. Be part of the discussion, join COA's Key Contact Program.

- I want to get to know my local elected officials. (COA's Key Contact Program)
- I already know my local legislator.

Assembly Member: _____

Member of Congress: _____

Senator: _____