



**OPPAC** Ohio Podiatric Political Action Committee  
1960 Bethel Road, Suite 140  
Columbus, OH 43220

### My Pledge to OPPAC

To strengthen podiatry's involvement on the Ohio health care scene, I pledge my support to OPPAC.

My voluntary personal contribution of \$ \_\_\_\_\_ is enclosed.

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**Personal Checks or Personal Credit Cards ONLY will be accepted.  
Corporate Donations are not allowed under Law.**

Credit Card # \_\_\_\_\_ Exp \_\_\_\_\_

Signature \_\_\_\_\_ 3 digit code # \_\_\_\_\_

- Personal Check payable to OPPAC**  
 **Visa**  **Master Card**  **Discover**  **AMEX**

\* \$300 contribution is suggested. Please contribute without concern of being favored or disadvantaged.  
Paid for by Ohio Podiatric Political Action Committee, Dr. Angelo Petrolla, Treasurer