



To: Delaware EPIC Pharmacies
Re: Voluntary contributions to EPIC PharmPAC of Delaware

In 2012, the stockholders of EPIC Pharmacies, Inc. voted to support a Political Action Committee (PAC) called PharmPAC. Its goal is to solicit and accept voluntary contributions from individuals and organizations to be expended to influence the nomination or election of candidates to public office who are concerned or interested in consumer access to, and the survival of, independent community pharmacies in Delaware.

In today's rapidly evolving health care environment, it is very important that EPIC Pharmacies, Inc. functions on a par level with those who are diametrically opposed to the issues that are vital to the support of independent pharmacy. Consistent with Delaware State Law, it is necessary for all members to individually authorize the gathering of these funds. As a member of EPIC Pharmacies, Inc., we are requesting your support of EPIC PharmPAC of Delaware by allowing the office to collect a **minimum of \$25 per month**. Please indicate below your billing preference. If you are contributing from your checking account, please fill out the following authorization form for pre-arranged payments.

Thank you for your support in this and all EPIC Pharmacies, Inc. programs. If you have any questions or comments, please feel free to call our office. Kindly fax your response to 410-567-0970 or email epicpharmacies@epicrx.com.

_____ **YES** – I hereby authorize you to deduct my contribution of **\$25** per month to EPIC PharmPAC funding, on a monthly basis from my rebate.

_____ **YES** – I hereby authorize you to deduct my contribution of **\$40** per month to EPIC PharmPAC funding, on a monthly basis from my rebate.

_____ **NO** – I do not authorize a contribution to EPIC PharmPAC at this time.

If No, what would encourage you to contribute? _____

Is your pharmacy incorporated? YES NO

Pharmacy Name & NCPDP: _____

Signature: _____

Print Name: _____