



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

EPIC PharmPAC of Virginia was organized according to the disclosure of the Virginia Board of Elections in 1997. 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 Virginia.

EPIC PharmPAC of Virginia received initial funding from EPIC Pharmacies, Inc., the group purchasing organization. The PAC makes contributions to the many legislators that sit on the key committees which the pharmacy legislation must pass through before it reaches the General Assembly.

To have the greatest impact and to allow EPIC PharmPAC of Virginia to respond to the increasing requests for financial support from candidates, funding must also be solicited from EPIC Pharmacies, Inc. members in Virginia.

Consistent with Virginia State Law, it is necessary for all members to individually authorize the gathering of these funds. Therefore, please indicate below whether or not you will allow EPIC Pharmacies, Inc. to deduct your EPIC PharmPAC voluntary contribution from your rebate on a monthly basis. As a member of EPIC Pharmacies, Inc., we are requesting your support of EPIC PharmPAC by allowing the office to collect **\$20** per month. This amount is deducted from your monthly rebate.

Your support of EPIC PharmPAC of Virginia will ensure the collective voice of independent community pharmacy will be heard loud and clear at the State Capitol in Richmond.

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 410-567-3786 or email to epicpharmacies@epicrx.com.

_____ **YES** – I hereby authorize you to deduct my contribution of **\$20** per month to EPIC PharmPAC funding, on a monthly basis from my rebate.

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

Is your pharmacy incorporated? YES NO

Pharmacy Name & NCPDP: _____

Signature: _____

Print Name: _____