



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

EPIC PharmPAC of West Virginia was organized recently with application to the West Virginia Board of Elections in 2002. 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 West Virginia.

EPIC PharmPAC of West Virginia will receive 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 legislature.

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

Consistent with West Virginia State Law, it is necessary for all members to individually authorize the gathering of these funds. Therefore, please indicate below whether you will allow EPIC Pharmacies, Inc. to deduct your EPIC PharmPAC voluntary contribution from your rebate monthly. As a member of EPIC Pharmacies, Inc., we are requesting our support of EPIC PharmPAC by allowing the office to collect **\$20** per month. This amount is deducted from your rebate, or you will be invoiced.

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

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. Please fax to 410-567-0970 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.

If No, what would encourage you to contribute? _____

Is your pharmacy incorporated? YES NO

Pharmacy Name & NCPDP: _____

Signature: _____

Print Name: _____