



Dear PARID/Keystone Members:

2020 brings with it some very important legislative activity that we have to work hard to accomplish.
House Bills 941 – 945 Passed in House, now we need them passed in the Senate
Managed Care Organizations (MCO’s) reimbursements – Need as a minimum NADAC plus \$10.00
Mail-Order Parity
PSAO’s must stop signing any contract that includes DIR’s, GER’s, and BER’s

We have disbursed over \$24,000 in 2019 from our PhilPAC account & it needs to be re-vitalized. Your help is crucial!
At present, we have 34 members making monthly donations to PhilPAC via credit card, with 12 more making once-a-year donations. See listing below. If your name is not listed, please consider adding your name; an application is included. **Personal credit card or personal check is required** to make donations to PhilPAC. **Due to state law, we cannot accept corporate checks and they will be returned.** *For monthly donations, credit card is preferred.*

2020 Monthly Contributors:

Mel Brodsky+	Gary Ng	Craig Lehrman	Burt Zazlow
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David Cunningham+	Perry Koffer+	Brian Walker	Vince Canzanese
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2020 Annual Contributors:

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Your participation would be greatly appreciated. We have made much progress for the future success of Independent pharmacy, but we cannot discontinue our efforts now, and we urgently need your help.

Very truly yours,

Mel Brodsky, R. Ph.
Executive Director

David Cunningham, R. Ph.
President

*more than one donation in calendar year
+HBDMel donation



Thank you for your support

Store Name: _____ Your Name: _____

By State law PARD PhilPAC cannot accept corporate checks.

- Enclosed is my *personal check* made payable to the PARD PhilPAC in the amount of \$ _____

Home address if not listed on check: _____

- I hereby authorize a *monthly debit* to my *personal credit card* in the amount of \$ _____ as a contribution to the PARD PhilPAC Fund

- I hereby authorize a *one-time debit* to my *personal credit card* in the amount of \$ _____ as a contribution to the PARD PhilPAC Fund

Personal Credit Card Information – VISA, MasterCard, Discover & American Express accepted

Account Number:

Expiration Date:

Security Code:

Name on account:

Amount Paid:

Signature:

Billing Address of the personal credit card being used including City, State & Zip
