 

***Dear PARD/Keystone Members:***

2018 brings with it some very important legislative activity that we have to work hard to accomplish.

* Immunization Legislation-lowering minimum age from 18 to 9 years of age.
* Reimbursement Medicaid changes scheduled to take effect April 2018. We need to be at the discussions!
* PBM Transparency in DIR fee language – Where is this money going?
* Medical Marijuana – Monitor & respond to regulations
* Carve out Pharmacy in Medicaid or mandate MCO’s pay the same as Fee For Service

**We have disbursed over $20,000 in 2017 from our PhilPAC account & it needs to be re-vitalized. Your help is crucial!**

At present, we have 31 members making monthly donations to PhilPAC via credit card, with 6 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.*

**2018 Monthly Contributors:**

Mel Brodsky Gary Ng Craig Lehrman Burt Zazlow

Steven Theodorou David Ostrow Loc Dao Jeff Moskowitz

David Cunningham Perry Koffer Brian Walker Vince Canzanese

Joe Ralston Mat Slakoper Frank A. Rubino Charles Lebegern

Stan Goodman Lina Rossi Robert Schreiber Frank R. Rubino

Robert Frankil Brian Snyder Randy Policare Jon Brookland

John Quinn David Stone Michael Levin Brad Tabaac

Joseph & Maria McNeill Walt Cwietniewicz Steven Albertson

**2018 Annual Contributors:**

Solomon Ogunsola Jane Dzierza Steven Tammara Jim Tehrani

Iyabode Leah Adewale Michael Patton

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. Perry Koffer, R. Ph.

Executive Director President

melb@pardrx.com

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**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, and American Express accepted**

**Account Number: Expiration Date: Security Code:**

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**Name on account: Amount Paid:**

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**Signature:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

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