Missouri Surgery by Surgeons Contribution Form

Gene	eral Information		
Name):		
Home	e Address:		
City: _		State:	Zip:
Home	e Phone:	Work Phone:	
Fax: _		E-mail:	
Emplo	oyer*		
*If se	lf-employed, please indicate na	ature of business as required by the N	MO Ethics Commission.
Cont	ribution Levels		
	\$500—Suggested minimum	contribution	
	\$1,000—Suggested leadership contribution		
	Other \$		
The S thalm have and w face i	ologists and their patients. If demonstrated their commitmental be in a position to advance ts toughest challenges.	ction Committee (PAC) represents the Money is raised to show bipartisan ent to preserving the quality and ava	ne political interest of Missouri oph- support to Missouri legislators that ilability of medical/surgical eye care y, as well as in Missouri, continues to o in this fight by being a strong advo-
	or the profession as well as ass		
	Please send	d completed contribution form and բ	payment to:

Surgery by Surgeons PAC
P.O. Box 1625 • Jefferson City, MO 65102
P: (800) 575-6674