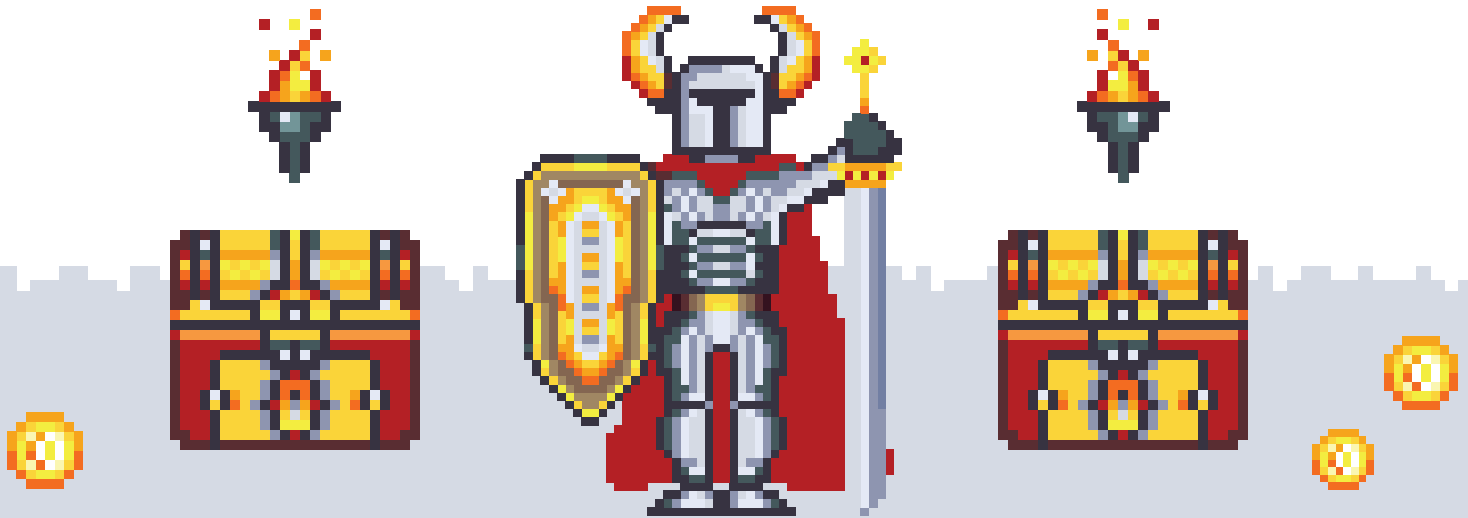


DEFENDERS OF COMPOUNDING, UNITE!



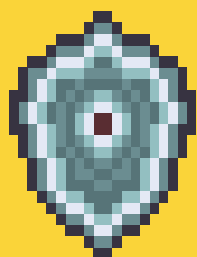
Member dues don't hardly pay for all that APC does to protect your business and elevate pharmacy compounding. And we do that in a number of ways, from our Legal Action Fund to the Pharmacy Compounding Foundation, and from our Compounding the Joy of Living Campaign to OneFund (which supports our advocacy work).

But it's asking a lot of you to invest individually in each of those. That's why we've created APC INVESTMENT PACKAGES, via which **you can invest one lump sum annually and we'll spread it across the various APC funds.** And the best part of all: When you invest on one of these PACKAGE DEALS, we'll remove you from all subsequent solicitations this year. Only exception: CompPAC, APC's political action committee, which under federal law can only accept personal – not company – contributions.

These funds — and your support of them — allow us to accomplish important work for your patients and profession.

CHOOSE ONE OF THREE PACKAGE DEALS

(AND WE'LL LEAVE YOU ALONE FOR THE REST OF THE YEAR!)



GUARDIAN

Flat annual investment of

\$4,000

- One-time gift, removes from further solicitation emails for the year

• **Supports:**

- Legal Action Fund – \$500
- Media Campaign – \$1,500
- OneFund – \$1,500
- Pharmacy Compounding Foundation – \$500



DEFENDER

Flat annual investment of

\$7,500

- One-time gift, removes from further solicitation emails for the year

• **Supports:**

- Legal Action Fund – \$1,000
- Media Campaign – \$3,000
- OneFund – \$2,500
- Pharmacy Compounding Foundation – \$1,000



CHAMPION

Flat annual investment of

\$12,500

- One-time gift, removes from further solicitation emails for the year

• **Supports:**




- Legal Action Fund – \$1,500
- Media Campaign – \$5,000
- OneFund – \$4,000
- Pharmacy Compounding Foundation – \$2,000

Please either fax the form below to 281-695-0602, email to info@a4pc.org, or mail to APC, 100 Daingerfield, Suite 100, Alexandria, VA 22314

Name: _____

Pharmacy/Facility Name: _____

Address: _____

Investment level: ____ Guardian  ____ Defender  ____ Champion 

City: _____ State: _____ Zip: _____

Credit Card Type: ____ Visa ____ MasterCard ____ AmericanExpress

Email: _____

Name on Card: _____ Exp Date: ____ / ____

Phone: _____

Card Number: _____ CVC: _____