



Please support RIOA-PAC.
The only PAC dedicated in our state to optometry.

We need to bolster the coffers! Opponents to the doctor-patient relationship and quality eye care are well funded. Supporters can donate at RIOA.org or use this form.

THANK YOU for your continued support. It is both needed and appreciated!

O.D. Name: _____

E-Mail (required): _____

Donations by Personal Check

Yes, you can count on me. Enclosed please find a personal check (made payable to RIOA-PAC), in the amount of \$_____.

Donations by Personal Credit Card

Yes, you can count on me. I authorize RIOA-PAC to charge \$_____ as my donation to RIOA-PAC this year.

(Please complete every field on the form as we have recently changed credit card merchants and will not be able to process your card without it.)

___ Credit Card – Please mail the registration to the address listed below or fax it to us at (401) 223-6400.

Name on Card: _____

Billing Address: _____

City: _____ ST _____ Zip Code _____

Card Number #: _____ / _____ / _____ Exp. Date: _____ / _____

Security Code (3 digit number on back of card) _____ Circle one: MC VISA DISCOVER

Please return this form to:
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