



OSCA-PAC 2023 Contribution Form

Circle One: **President** **Chairman** **Pace Setter** **Associate** **Other**
 \$500 **\$250** **\$100** **\$50**

Please Print:

Date: _____

Name: _____

County: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Fax:** _____

Email _____

Return with your personal check to: **OSCA-PAC**
 3757 Indianola Ave.
 Columbus, OH 43214-3753

Ohio Law Prohibits the acceptance of Corporate Checks

Thank You