



# OSCA-PAC 2024 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**