



ORMA PAC PERSONAL CREDIT CARD AUTHORIZATION
INFORMATION

Name on Card: _____

Billing Address for Card: _____

City, State, Zip: _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Security Code (required): _____

Signature _____ Date: _____

Total to be Charged: \$ _____

*Fax completed PAC contribution form and credit card authorization form to 614-221-7020, attn: Lora Miller, or scan both the contribution and authorization forms and e-mail to Lora at loram@ohioretailmerchants.com, or mail both forms, or contribution form and a personal check, to ORMA PAC, 50 W. Broad St., Ste. 2020, Cols., OH 43215.

PERSONAL CREDIT CARDS OR CHECKS ONLY!
CORPORATE CONTRIBUTIONS ARE PROHIBITED BY OHIO LAW!