



OHIO MERCHANTS COMMITTEE PAC CREDIT CARD AUTHORIZATION INFORMATION

Name on Card: _____

Billing Address for Card: _____

City, State, Zip: _____

Card # _____ - _____ - _____ - _____ Expiration Date: _____

Security Code (required): _____

Signature _____ Date: _____

Total to be Charged: \$ _____

Check one of the following if you want to make this an automatically recurring contribution:

_____ Monthly _____ Quarterly _____ Bi-annually _____ Annually

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

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