



IMPROVING ACCESS TO  
LIFE - SAVING MEDICATIONS  
ONE PATIENT AT A TIME

## GIVE THE GIFT OF HEALTH

Main Office:  
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Mr./Mrs./Ms./Miss/Other Name(s)

Address

City/State/Zip

Telephone

Email

Employer

Dept./Branch

Mailing Address:  
237 Town Center West  
Suite 122  
Santa Maria, CA 93458

- I would like to sign up and receive e-mails from APA.
- I would like to receive information on estate planning and how to include a gift to APA.



**Our vision is that every person in SLO and SB counties has adequate access to life saving medications.**

**What good is a prescription when you can't afford to fill it?**

**PAYROLL DEDUCTION:** I authorize my employer to deduct \$ \_\_\_\_\_ from my paycheck per pay period.

I am paid:

- Weekly (52 times a year)
- Every 2 week (26 times a year)
- Twice a month (24 times a year)
- Monthly (12 times a year)

Total Annual Gift: \$ \_\_\_\_\_

**For payroll deductions, please complete this form and submit it to your HR Director.**

**ONLINE DONATION:** To make electronic donations, please visit [www.apameds.org/donate](http://www.apameds.org/donate)

**MONTHLY RECURRING GIFT:** \$ \_\_\_\_\_/month

- Visa  MasterCard
- American Express  Discover

Card Number:

Expiration Date: \_\_\_\_\_ C V V Number: \_\_\_\_\_

**Please provide your full billing address above for credit card transactions.**

**ONE TIME GIFT:** \$ \_\_\_\_\_

- Cash  Check

**For Monthly Recurring or One Time gifts, please complete this form and mail it to Alliance for Pharmaceutical Access: PO Box 237 Town Center West, Suite #122 Santa Maria, CA 93458**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APA, Inc is a non-profit 501(c)(3) organization. All donations to APA are tax-deductible and the money goes directly towards ensuring that you and other medically vulnerable members in our community receive the medications needed to live a healthier, productive life. Apameds.org Please keep a copy of this form for your tax records. You will also need a copy of your pay stub, W-2 or other employer document showing the amount withheld and paid to a charitable organization. Consult your tax advisor for more information. The Alliance for Pharmaceutical Access respects your privacy; the information you provide to us is never shared.