

## **Contribution to the Pharmacy Survival Fund**

Attached is my contribution to the **Pharmacy Survival Fund** overseen by the **TrueCare Texas Legislative Council**. Contributions to the Pharmacy Survival Fund may come from individual or corporate accounts.

Name of Pharmacist: \_\_\_\_\_

Address of Pharmacy: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

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

TrueCare Member:     \_\_\_ Yes   \_\_\_ No

**Please return this form and contribution to:**

**Pharmacy Survival Fund  
Texas Legislative Council  
500 W. 13<sup>th</sup> Street  
Austin, TX 78701**