



California Orthopaedic Association

Do you want to donate to OPAC?

Name: _____

Address: _____

- Enclosed is a check
- Please charge \$_____ to my credit card

Visa/Mastercard/AmEx # _____

Exp. Date ____/____ Security Code: _____

Signed: _____



WHO DO YOU KNOW?

Please let us know if you have a relationship with an elected official.

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Name: _____

Relationship: _____

Return completed form to COA:

CALIFORNIA ORTHOPAEDIC ASSOCIATION

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