

Name \_\_\_\_\_ Date \_\_\_\_\_

OMMA Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_

PT CG Donation Amount: \$ \_\_\_\_\_

Donation is for the Organization. By Law, there is no consideration for the Medication.

“NO CONSIDERATION”

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

All donations are final. There are no reconsiderations or returns in relation to medication.

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