

## VFN State Political Contribution Form

**\*\*Required Information:**

**\*\*Name** \_\_\_\_\_

**\*\*Street Address:** \_\_\_\_\_

**\*\*City, St & Zip Code:** \_\_\_\_\_

VFN Area & Chapter: \_\_\_\_\_

**\*\*Currently Working:** Yes \_\_, No \_\_

**\*\* If Working:**

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

**Contribution Information:**

Amount of Contribution: \$5 \_\_\_\_, \$10 \_\_\_\_, \$25 \_\_\_\_, \$50 \_\_\_\_, Other \_\_\_\_

Date of Contribution: \_\_\_\_\_

Form of Contribution: Cash \_\_\_\_, Check \_\_\_\_, **\*\*Credit Card** \_\_\_\_.

**\*\* If MAILING – Type Visa, Master Charge, Discover, Am Express:**

Credit Card #: \_\_\_\_\_ . **Type:** \_\_\_\_\_ . Expire Date: \_\_\_\_ - \_\_\_\_.

Phone #: \_\_\_\_\_

**If Check:** Make payable to **VFN State Political Account**

**\*\*If MAILING, and paying by Credit Card:** Please complete Credit Card Information

Send this form with the contribution to:

Bill Martin  
VFN Treasurer  
994 Warbonnet Trail  
Mineral, Virginia 23117-2839