

VFN State Political Contribution Form

Required Contributor Information:

Name: _____

Street Address: _____

City, State, & Zip Code: _____

Telephone Number: _____

E-Mail Address: _____

VFN Area & Chapter: _____

Currently Working: Yes _____, No _____

If Currently 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 _____

If Check:

Make payable to VFN State Political Account

Send this form with the contribution to:

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