

## VFC State Political Contribution Form

### Required Contributor Information:

Name: \_\_\_\_\_

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

City, State, & Zip Code: \_\_\_\_\_

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

E-Mail Address: \_\_\_\_\_

VFC 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 \_\_\_\_\_, Credit Card \_\_\_\_\_

### If Check:

Make payable to VFC State Political Account

### If Credit Card:

Type of Credit Card: VISA \_\_\_\_\_, MasterCard \_\_\_\_\_, Discover \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing Address (if different from above: \_\_\_\_\_

Card Number: \_\_\_\_\_

Card Expiration Date: \_\_\_\_\_

Security Code (3-digit number on the back of card): \_\_\_\_\_

Send this form with the contribution to:

James Bradley  
VFC State Legislative Representative  
4150 Round Hill Drive  
Chesterfield, VA 23832-7842