



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 PAC**

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

Send this form with the contribution to:

Thomas A. Rachele
VFN Treasurer
15413 Silvan Glen Drive
Montclair, VA 22025-1010