



Virginia NOW PAC Donation Form

Name: _____

Address: _____

Email: _____

U.S. Citizen: _____ 18 years or older: _____

Are you employed: _____

(Campaign finance law requires us to collect your occupation, employer, and employers address. If you are retired, self-employed, or not employed, please use your home address or put "same as above.")

Occupation: _____

Employer: _____

Address: _____

Donation Amount: _____ Date: _____

You can also donate online at www.vanow.org/pac or mail your check and this form to:

VA NOW PAC, 7439 Patterson Road, Falls Church, VA 22043-1332