

Minnesota Senate Republican Caucus

www.mnsrc.org

Please make checks payable to Senate Victory Fund. Mail this form with your check to: Senate Victory Fund, 161 St. Anthony Ave, Suite 902, St. Paul, MN 55103.

Name: _____

I would like to make a contribution to the Senate Victory Fund in the amount of:

\$25 \$50 \$100 \$250 \$500 \$1000 \$2500

Other: \$ _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Employer: _____ Occupation: _____

Federal Law requires us to use our best efforts to collect and report the name, mailing address, occupation, and employer of individuals whose contributions exceed \$200 per election cycle. In addition State Law requires us to collect and report the name, mailing address, occupation and employer of individuals whose contributions exceed \$100 per calendar year

CREDIT CARD CONTRIBUTIONS (optional):

  

Credit Card Number: _____

Expiration Date: _____

Card Verification Number: _____

Name as it appears on the card: _____

Billing address (if different): _____

CONFIRM YOUR ELIGIBILITY:

By checking this box, I confirm that the following statements are true and accurate:

1. I am a citizen or permanent resident in the United States.
2. The funds I am contributing are my own personal funds and not those of another person.
3. My contribution is not from general treasury funds of a corporation, organization or national bank.
4. I affirm that I am making this contribution via my personal credit or debit card for which I have a legal obligation to pay, and not through a corporate or business entity card or the card of another person.