



VAMPAC

Virginia Mortgage Lenders Association
Political Action Committee

CONTRIBUTION FORM



VAMPAC Individual Contribution

Cash _____
Check _____
Credit Card _____

Name: _____ Occupation: _____

Place of Employment: _____ Location of Employer: _____

Address:* _____

City, State & Zip: _____

Phone _____

Email _____

Signature: _____ Date: _____

**Please list address you have provided for voter registration.*

Contribution Amount: _____

Check # _____ Credit Card (Visa, MasterCard, American Express) _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Are you a U.S. Citizen or Have a Valid Green Card? Y N

VAMPAC Corporate Contribution

Corporation Name: _____

Mailing Address: _____

City, State & Zip: _____

Primary Business: _____

Contribution Amount: _____

Check # _____ Credit Card (Visa, MasterCard, American Express) _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Date Contribution Received: _____

I authorize the VMLA and my local chapter to use my name and level of giving in promotional material ___yes ___no

The amount contributed, or the refusal to give, will not benefit or disadvantage any person. All contributions will be reported to the Commonwealth of Virginia State Board of Elections.

Contributions may be mailed to the VMLA corporate office at 4490 Cox Road, Glen Allen, VA 23060 or faxed to (804) 495-8495.

4490 Cox Road | Glen Allen, VA 23060
(866) 496-3839 | www.virginiaml.com | info@virginiaml.com

Please check the chapter who should receive credit for your donation below.

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