



Please mail this form and your contribution to FARM PAC, 2300 River Plaza Drive, Sacramento, CA 95833 or fax to (916) 561-5693.

Enclosed is my/our contribution to the California Farm Bureau Fund to Protect the Family Farm

• Please make your checks payable to FARM PAC

\$5,000 \$2,000 \$1,000 \$500 \$100 Other \$ _____

• Please charge my VISA Mastercard

Amount _____ Card# _____ Expiration ____/____

Signature for credit card payments _____

Please provide the following legally required information:

Name(s) _____

Occupation _____

Employer (if self employed, name business) _____

Spouse's Occupation (if joint contribution) _____

Spouse's employer (if joint contribution) _____

Home Address _____ City _____ State _____ ZIP _____

Please provide the following information so we may contact you:

County Farm Bureau _____

Business Phone _____ Home Phone _____

E-mail _____ Fax _____

**Contributions or gifts to FARM PAC® are not tax deductible.
Contributions made using this form will be used to elect candidates for state elected office.**
