

## **Donate to Rip Sullivan for Delegate**

Enclosed is my contribution of:

\$\_\_\_\_\_ Please fill out your credit card information below OR make checks

payable to 'Rip Sullivan for Delegate.'

Mail your contribution with this completed form to:

## Rip Sullivan for Delegate

P.O. Box 50753, Arlington, VA 22205

Name		
I'm making this contribution on behalf of a company:		
Occupation	Employer	
Home Address		
City		
Employer Address		
City	State	Zip
Credit	Card Information	on
Card Number		
Name on Card		Exp. Date
		Payment Method:
Signature		CHECK CASH CARD