



DONATION FORM

1. Donation Amount and Method of Payment:

DONATION AMOUNT: _____

- I am enclosing a check
- I am donating by credit card

Card Type (Please circle): VISA MASTERCARD DISCOVER AMEX

Name on card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

2. Please fill out the following:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Occupation: _____ Employer: _____

3. Mail or Scan this form to:

**Women Vote Smart PAC
3212 Duke Street, Suite 727
Alexandria, VA 22314**

Questions? Info@WomenVoteTrump.com

Contributions or gifts to Women Vote Smart PAC are not deductible as charitable contributions for Federal income tax purposes. Contributions will be used in connection with federal elections. Contributions from foreign nationals and federal government contractors are prohibited. By submitting the form above, you verify the following statements are true and accurate: I am a U.S. citizen or lawfully admitted permanent U.S. Resident (Greencard holder) or a US registered entity, and this contribution is made from my own funds and not those of a national bank or federal government contractor, and I will not be reimbursed by any other person or entity. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of contributors whose contributions exceed \$200 in a calendar year.

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