



Donation Form

Address	Si					
City:			State:		_Zip code:	
Email: (0	Optional) _					
Phone: ((Optional) _					
Donation	n Amount:					
(Please	circle one)					
Cash	Check	МС	Visa	Amex	Discover	
Card #: _					_ Exp. Date: _	CVC _
Name or	n Card:					
Signature:					_ Date:	
Would y	ou like to b	e place	d on ou	r email lis	st? Yes No	
Would v	ou like to b	e a Voli	unteer?	Yes N	do.	

Thank you for your support in helping us End Voter Fraud.

Invest today and help us End Voter Fraud!

Mail to: End Voter Fraud, Inc. PO Box 263 Middlefield, CT 06455-0263

www.EndVoterFraudevf.org
or email: Linda@Endvoterfraudevf.org