

## Michael Feggans

## **CHECK CONTRIBUTION FORM**

## PERSONAL INFORMATION

Full Name:			 	
Street Address:				
City:			 	
State:	Zip:		 	
Phone Number:			 	
Email Address:				
EMPLOYMENT INFORMATIO	DN			
Occupation:			 	
Employer:			 	
Employer Address:				
Are you a U.S. Citizen or Have	e a Valid Green C	ard: Y N		

Please make checks payable to: "Michael Feggans for Virginia"
Mail to: 900 Commonwealth Place PMB 2141 Virginia Beach, VA 23464

Please include "**Sister District Project**" in the memo. To make a donation, you must be a U.S. citizen or lawfully admitted permanent resident.

## **CONTRIBUTION LIMIT**

Individuals can make unlimited contributions to state legislative candidates in Virginia. All contributions must be reported. Contributions to candidates and candidate committees are not tax deductible.