



# WSSR-PAC

## Individual WSSR-PAC Contribution Form (Cash or Check)

Name: \_\_\_\_\_ /Spouse Name \_\_\_\_\_ Date: \_\_\_\_\_

Unit Number: \_\_\_\_\_ Unit Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contribution Amount: \_\_\_\_\_  Cash  Check

Please initial one (1) of the following:

Donor Name Publishable or  Anonymous

In Memory of \_\_\_\_\_

Please check box: I certify that this contribution is not organized under the laws of and does not have its principal place of business in, a foreign county. This contribution is not financed in any part by a foreign national, and foreign nationals were not involved in making decision regarding the contribution in any way. Name of person filling out this form: \_\_\_\_\_ Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

Mail this form to: **WSSR-PAC 125 West 11<sup>th</sup> Street, Port Angeles, WA 98362 – 7709**