

# *Co-op PAC Contribution Form*

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Name of your employer: \_\_\_\_\_

Name of Co-op to which you belong: \_\_\_\_\_

District Number (see map enclosed): \_\_\_\_\_

Amount of Contribution: \$ \_\_\_\_\_

As a reminder, PAC checks must come from individuals, not from cooperatives or other businesses. Please write your PAC checks out as an individual, otherwise they will need to be returned.

*Please mail your contribution to:*



400 Selby Avenue, Suite Y  
St. Paul, MN 55102

Questions? Please call 651-228-0213.