



Name: _____

Physical Address (no PO Box): _____

City: _____ County: _____ State: _____ Zip: _____

Billing Address (if different than physical): _____

Phone: _____ E-mail: _____

Occupation: _____ Employer: _____

Please bill my: Visa MasterCard American Express (check one)

In the amount of \$ _____ Exp. Date: _____

Card #: _____ Authorized Signature: _____

Please make individual checks payable to:
FARM PAC (#760960) – 2600 River Plaza Drive, Sacramento CA 95833

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