



RAMPAC

First Name: _____ Last Name: _____

Address: _____

City, State, Zip Code: _____

*Occupation: _____

*Employer : _____

Phone, E-mail: _____

Amount: \$ _____ Check enclosed Charge-see below

Card #: _____

Expiration Date: _____

3-digit security code (on back of card): _____

***RAMPAC** is required by law to make “best efforts” to obtain and report the name, address, occupation, and employer of each contributor who gives more than \$200

Please return this form to: American Sheep Industry Association
Attn: RAMPAC
9785 Maroon Circle, Suite 360
Englewood, CO 80112