

## 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

