



AMOUNT: _____

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CONTRIBUTOR INFORMATION

PREFIX FIRST INITIAL LAST SUFFIX
STREET ADDRESS APARTMENT NO.
CITY STATE ZIP

CONTRIBUTIONS BY PERSONAL CREDIT CARD

Please check one:    

NAME ON CARD CARD #
SECURITY CODE EXP. DATE AMOUNT DATE
SIGNATURE DAYTIME PHONE

CONTRIBUTIONS BY PERSONAL CHECK: *Please make payable to Orman for Kansas Inc.*

Kansas law requires that we report the contributor's occupation and the industry in which the contributor works.

OCCUPATION

INDUSTRY

Orman for Kansas Inc.; 18001 W 106th St #150, Olathe, KS 66061
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