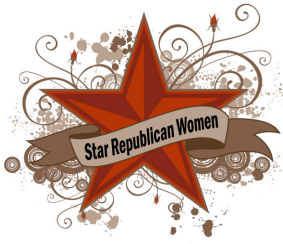


Date _____

Amount _____

Cash/Ck# _____



STAR REPUBLICAN WOMEN
P.O. Box 8675
Horseshoe Bay, Texas 78657

SRW Patron Form:

Year: _____

NAME: _____
Last First

MAILING ADDRESS: _____

TELEPHONE/HOME: _____ CELL: _____

E-MAIL ADDRESS: _____

OCCUPATION*: _____ EMPLOYER*: _____

*This information is required by the Texas Ethics Commission for reporting purposes.

PLEASE NOTE: The Patron Program is separate from, and does NOT include, your SRW Membership dues.

Please make checks payable to Star Republican Women PAC, in the amount of \$100, and note "Patron" in the lower left hand corner. Send checks to the address noted above or bring to a Star Republican Women general meeting.

Patron dues are from January 1 – December 31 of each calendar year

Proceeds from the SRW Patron Program will help underwrite SRW Caring for America and Literacy Programs.

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