



## CONTRIBUTION FORM

Please complete and return this card with your contribution or pledge to:

**News/Media Alliance PAC**  
**4401 N. Fairfax Drive, Suite 300**  
**Arlington, VA 22203**

Name: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_ Company/Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### PAYMENT OPTIONS:

**Check:** Enclosed is my check made payable to News/Media Alliance PAC in the amount of \$ \_\_\_\_\_

Federal election law prohibits News/Media Alliance PAC from accepting any corporate funds.

*By making this contribution, I confirm that I am a U.S. citizen or permanent legal resident; that I am not a U.S. government contractor; and that I am making this contribution from my own funds and not from funds provided to me for this purpose.*