

SHOTGUN LIST REQUEST FORM

<p>Contact Information:</p> <p>DATE: _____ Post/District/Department: _____</p> <p>Contact Name: _____</p> <p>Mailing Address: _____</p> <p>City: _____ State: _____ ZIP: _____</p> <p>Phone Number: _____ Email: _____</p>	<p>The cost of a Shotgun List is \$75 per 1000 names and addresses provided. Costs will be prorated.</p> <p>Lists will be sent out via email, with a hard copy to follow.</p>
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TARGET AREAS: Please let us know the ZIP codes in which you would like to have us provide the names of potentially-eligible veterans. We will contact you with an estimated cost before fulfilling your order.

ZIP code	ZIP code	ZIP code	ZIP code

PAYMENT: The cost of a Shotgun List is \$75.00 per 1000 names and addresses, pro-rated. Please fill out either the credit card information below, or have your Post/District/Department Quartermaster sign below to authorize the VFW to invoice you for the final cost of the list.

Name on card: _____ MC VISA AMEX DISCOVER

Card Number: _____

Expiration Date: _____

Or

_____ - Please bill my Post/District/Department for the cost of
(Quartermaster Signature and member number) this Shotgun List.

Please fax this form to the VFW Membership Department at 816-968-2728.
For questions about the Shotgun List Program, contact us at 1-888-564-6839 or membership@vfw.org.