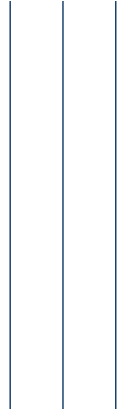
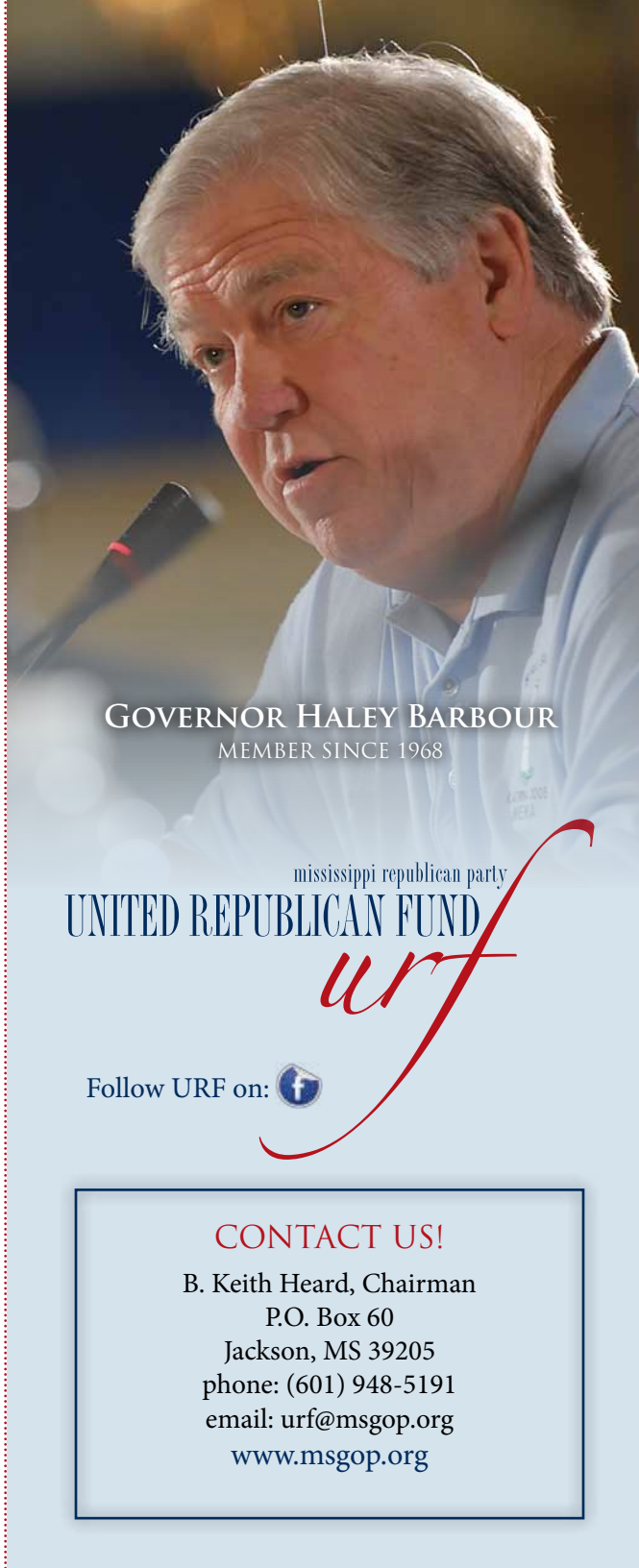


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GOVERNOR HALEY BARBOUR
MEMBER SINCE 1968

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CONTACT US!

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A PERSONAL MESSAGE FROM THE CHAIRMAN...

Dear Fellow Republican,

For five decades, the United Republican Fund (URF) has served as the financial backbone of the Mississippi Republican Party. Through this dedicated stream of monthly revenue, the URF plays an integral role in Republican victories across our great state.

By becoming a URF member, you are supporting our Party, our candidates, and our values - while also ensuring the MSGOP maintains its strength for the future. In 1979, I became a URF member and proudly remain so to this day. I hope you will join me and countless other Mississippi Republicans as we continue building our Party and prepare for the 2011 elections - where Republicans are poised to make history.

Sincerely,



B. Keith Heard
Chairman
Member since 1979



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SENATOR THAD COCHRAN
MEMBER SINCE 1972



SENATOR ROGER WICKER
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I understand that membership is obtained by giving at least \$20 per month to the Mississippi Republican Party. I have chosen to give by bank draft or credit card as selected below.

BANK DRAFT

If you choose to contribute by bank draft, select one of the following and BE SURE TO ENCLOSE A VOIDED CHECK.

- \$20 per month to the MSGOP
- \$40, \$60, \$80, \$100, or \$_____ per month to the MSGOP
- \$240 per year to the MSGOP
- \$_____ per year to the MSGOP

AUTHORITY TO DRAFT MY BANK ACCOUNT, TO:

Bank _____ City/State _____

This is your authority to pay and charge my account checks drawn in the total amount of:

\$_____ Monthly or Annually (please check one)

The above authorization will remain in force until revoked by me in writing. Witness my signature, this is the _____ day of _____, 20_____.

Routing Number _____ Account Number _____

Signature _____

CREDIT CARD

Please charge my credit card in the amount of: \$_____ (\$240, \$360, \$480, \$600, or \$_____ for one year's membership in URF)
Type of Credit Card: (please check one box)

- MasterCard
- Visa
- Discover

Card Number _____ Exp. Date _____

Signature _____ Date _____

PLEASE COMPLETE

NAME _____

ADDRESS _____

CITY/STATE/ZIP _____

PHONE _____

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Federal law requires political committees to use their best efforts to collect and report the name, mailing address, occupation, and name of employer for each individual whose contribution aggregates in excess of \$200 in a calendar year. Contributions are not tax deductible.

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