Certificati Non-Char Gaming/Ga	itable	TING I MININ	Form 304 Supplier Use Only
		COMMONWEALTH OF VIRGINIA OF AGRICULTURE AND CONSUM CHARITABLE AND REGULATORY	
Person or Entity Nar	me:		
		Chata	7:
City: Telephone:		State:	Zip:
	lawful gam	e VDACS Office of Charitable a abling activity. I understand that f a check.	all purchases over \$50.00
Print Full Name:			
Pfint Full Name:			
Title:			
Telephone:			
E-Mail Address:			
Supplier Name:			
This form must b	be dated and I	kept on file by the Supplier for a minimum the calendar year.	of three years from the end of