

Department of Colorado
2024-2025 Colorado Post & District Bond Application
Credit Card Payment Authorization

Email: vfw@vfwco.org

Fax: 303-421-1727

MAIL TO: Department of Colorado VFW
1400 Carr Street, Lakewood, CO 80214

Card Type: MasterCard Visa Discover **Date:** _____

Credit Card Billing Address: _____

Cardholder Name (as shown on card) _____

Card Number: _____ **Total Charge: \$** _____

Expiration Date: (MM/YY) _____ **CVV:** _____

Signature : _____ **Date:** _____

By Signing above I authorize Department of Colorado VFW to charge my credit card for the agreed upon purchase.

**BOND APPLICATION & CREDIT CARD AUTHORIZATION MUST BE FILLED OUT
AND SIGNED FOR PROCESSING**



Give Post # and City Location

I hereby apply for A1. Employee/Volunteer Theft (Surety Bond) in the amount of \$ _____ . for the position
of _____ . For the year from September 1, 2024 through August 31, 2025.

Number of Persons Bonded: 1 Number of Locations: 1 **Post Annual Income:** \$ _____. Dated: _____.

Has the post had any Crime Coverage Losses over the past three years? _____.

If yes, provide a description with date and amount of loss on a separate sheet.

**DEADLINE FOR BONDING IS SEPTEMBER 1, 2024 –
AFTER THIS DATE YOU WILL BE DELIQUENT
AND NOT IN COMPLIANCE WITH THE VFW BY-LAWS.**

QM or Commander or Adjutant or Sr. Vice Signature

Phone Number

Street Address and City