

CONTRIBUTION CARD

(The contributor should complete and review the card in its entirety.)

(Committee Name)

Contribution Type Check Cash (may not exceed \$100) Credit Card
 Money Order (may not exceed \$100) Other

Amount \$ _____

Contributor Name _____

Home Address _____

City/State/Zip _____

Optional: Telephone _____ Email: _____

To comply with the Office of Campaign Finance reporting requirements, please provide your employment information. If you are not employed, indicate what best describes your employment status (e.g. "homemaker", "retired", "student", or "unemployed"). If self-employed, indicate employer as "self" and provide your occupation and employment address.

Employer _____ Occupation _____

Business Address _____

City/State/Zip _____

Contributor's Signature

Date of Contribution