

Contributor Card

Committee Name _____

Signature required of all contributors:

I affirm that this contribution is being made from my personal funds and is not being reimbursed in any manner.

X _____
Contributor's Signature Date

Cash Contributions (including money orders, cashier/official/travelers checks) must be \$99.99 or less:

Form of payment:

- Cash
- Money order
- Cashier/Official/Travelers check
- Check
- Credit card/online payment system

Note: Contributions from business accounts will not be matched with public funds.

Amount of Contribution: \$ _____ Date of Contribution _____

Contributor Name _____

Home Address _____

City/State/Zip _____

For donors of at least \$100 (cumulatively), the following information is also required:

Occupation _____ Employer _____

(if self-employed, provide name of business)

Contributor Card

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