

Contribution Card

(Committee Name)

Cash Money Order Check in the amount of \$ _____

Name _____

Home Address _____

City/State/Zip _____

The following information is required for this contribution
to be eligible to be matched with public funds:

Employer _____

Occupation _____

Business Address _____

City/State/Zip _____

I understand that State law requires that a contribution be in my name and be from my own funds. I hereby affirm that this contribution is being made from my personal funds, is not being reimbursed in any manner, and is not being made as a loan.

Contributor's Signature

Date of Contribution