

Committee Use Only

Transaction ID: _____

CONTRIBUTION CARD

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

Enter Committee Name _____

Contribution Type Check Cash Money Order Credit Card

Amount \$ _____

Contributor Name _____

Home Address _____

City/State/Zip _____

County of Residence: _____

Optional: Tel. _____ Email _____

Account Holder _____ Card Type _____

Account Number _____ Expiration Date _____

I understand that State law and County regulations 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; in addition, in the case of a credit card contribution, I also hereby affirm that this contribution is being made from my personal credit card account, billed to and paid by me for my personal use, and has no corporate or business affiliation.

Contributor's Signature

Date of Contribution