

DONOR FORM

Donor Name: _____
Home Address: _____
Phone: _____ Email: _____
Employer: _____ Employer City/State: _____ Not employed
Candidate Receiving Donation: _____ Amount: _____ Date: _____
Payment Type: Check Credit/Debit Card Cash Money Order

By signing this form, I attest that I am 18 years of age or older, that I am allowed to contribute to political campaigns in the United States (per federal law, either a citizen or a lawful permanent resident), that I have contributed my own personal funds, and that compensation was not given to me to make this contribution.

Donor Signature _____ **Date** _____

FOR CAMPAIGN USE ONLY ----- REQUIRED ONLY FOR CASH

Name of campaign representative who physically collected the cash contribution: _____

Campaign representative's signature: _____ Date: _____

Where and how this contribution was collected: _____

For example: at an in-person fundraiser the campaign was present at, through the mail, door-to-door canvassing, etc.

Donor Form 1.8 Published 12/29/2020

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