

Contributor Information

Continuator information		
Name:	Spouse's Name (if joint contribution): Spouse's Employer:	
Employer:		
cupation: Spouse's Occupation:		
Signature:		
Street Address:		
City, State, Zip:		
Work Phone:	_ Home Phone:	
Cell Phone:	_ Fax Number:	
Contribution Amount: \$	_	
Credit Card Information		
Name on Card:		
Amount:	_	
Card Number:	Expiration Date:	Security Code:
Billing Address (if different from address above):		
Street:		
City State 7in:		

Federal Law requires us to report the name, mailing address, occupation, and name of employer for each individual whose contributions aggregate in excess of \$200 per calendar year. Note: The first \$10,000 of each individual's donation will be deposited into the federal account unless otherwise prohibited. Contributions to the federal account in excess of the federal limit will be deposited into the state account unless otherwise prohibited. Contributions from corporations are prohibited to the federal account. Contributions from labor unions, foreign nationals without green cards, and federal government contractors are prohibited. Partnership and LLC contributions may be accepted under certain guidelines. Please call 301.654.3220 for further information regarding eligibility. Contributions are not considered charitable contributions for federal income tax purposes. Contributions from state and federal PACs are permitted and will be deposited into the appropriate account in accordance with state and federal law.