

East Hampton Connecticut Democrats

Reaching Out

Contributor Information *(please print or type)*

Name	
Residential Address	
City	
State	
ZIP Code	
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Employer	
Principle occupation	
Are you 18 or older?	YES ____ NO ____ If No, please list your age ____

Contribution Pledge

I pledge a total of \$_____ to the East Hampton Democrats.

I plan to make this contribution in the form of:
 ____ cash ____ check ____ Money order ____ .

Acknowledgement Information

I hereby certify and state that all of the information disclosed by me and set forth above on this contributor card is true and accurate to the best of my knowledge and belief. I certify that I am either a United States citizen or a foreign national with permanent resident status in the United States. I certify that this contribution is being made from my personal funds, is not being reimbursed in any manner, is not being made as a loan, and is not an otherwise prohibited contribution

Signature:

Date:

Please complete this form with your contribution and mail to:

East Hampton Democrats
P.O. Box 43
East Hampton, CT 06424