



CHECK CONTRIBUTION FORM

PERSONAL INFORMATION

Full Name:

Street Address:

City:

State: Zip:

Phone: Email:

EMPLOYER INFORMATION

Retired/Not Employed

Occupation:

Employer:

Street Address:

City:

State: Zip:

Please make checks payable to: **“French for Arizona”** & mail to: **P.O. Box 2341, Pine, AZ 85544**

CONTRIBUTION INFORMATION

State law requires campaigns to use best efforts to collect and report the name, address, and occupation of individuals who contribute. Contributions are limited to \$5,200 per individual for the 2020 election cycle. Contributions are not tax deductible.

SUPPORTER INFORMATION

- Yes, use my name publicly as a supporter
- Yes, send me a lawn sign
- Yes, contact me about volunteering
- Yes, contact me about hosting an event

Thank you for contributing to the **French for Arizona** campaign