

Donation Form

BRUCE
Gibson
SUPERVISOR

Please complete the following information to comply with **election laws.

Name _____

Street Address _____

City, State & Zip _____

Home Telephone _____ Work Telephone _____

E-mail Address _____

I want to Support Bruce!

Please accept my contribution of:

() \$25, () \$50, () \$100, () \$250, () \$500, () \$1000, () Other _____

Occupation ** _____ Employer ** _____

*** Required for contributions of \$100 or more. Retired, homemaker or "none" is O.K. for occupation.
If self-employed, provide name of business.*

_____ **Check here if it is O.K. to use your name publicly as a supporter.**

Complete this section if you wish to pay by credit card. _____ Visa _____ M/C

Card # _____ Expiration Date _____

Name as it appears on card _____

Signature _____

I am also able to help by:

- () displaying a yard sign.
- () distributing campaign materials at events.
- () walking my neighborhood or precinct.
- () hosting a fundraiser.
- () other.