

The Committee To Elect Sheriff John W Ingram V Donation Form

(Must be filled out completely)

First Name _____

Last Name _____

Address _____

City State Zip Code _____

Home Phone _____

E-Mail Address _____

Contribution Amount _____

Name as it appears on the card _____

Credit Card Type: Visa MasterCard Discover American Express

Credit Card Number _____

Security Code; if applicable _____

Expiration Date _____

Employer _____

Occupation _____

Federal law requires political committees to report the name, mailing address, occupation and name of employer for each individual contributor; i.e. Teller/XYZ Bank, President/XYZ Company, General Contractor/Self Employed, Retired/Retired, Housewife/Housewife, etc. (These need to be a required field as well)

Check here if self-employed

I confirm that the following statements are true and accurate:

I am at least 18 years old.

I am a United States citizen or a permanent resident alien.

This contribution is not made from the general treasury funds of a corporation, labor organization or national bank.

This contribution is not made from the treasury of an entity or person who is a federal contractor. The funds I am donating are not being provided to me by another person or entity for the purpose of making this contribution.

Paid for by The Committee to Elect Sheriff John W Ingram V