



DONATION FORM

Please fill out and return to:

Jackson County Democratic Committee
PO Box 2000, Jackson, MI 49204-2000

Name: _____

Phone number: _____ Email address: _____

Amount: \$ _____

Contributing to the following Jackson County Democratic Committee fund:

- State PAC -- for political action, publicly reported in compliance with state law
- Administrative -- NOT for political action, NOT publicly reported

Payment method:

- Check (enclosed), payable to Jackson County Democratic Committee
- Cash (enclosed)
*** We can't legally accept more than \$20 cash for our state PAC
- Credit card (details below)

Card number: _____ Exp: ____/____ Security code: _____

Street address: _____

- I am registered to vote at this address

Mailing/billing address (if different): _____

*Under the Michigan Campaign Finance Act, we are **required** to report the following for those who contribute more than \$100 in a 2-year cycle to our state PAC fund.*

Employer: _____

Employer address: _____

Occupation: _____

Signature: _____ Date: _____

THANK YOU!