

Donation Form



Please Print Clearly

Name _____

Address _____ Apt. # _____

City, State Zip _____

Home Phone _____ Cell Phone _____

Work Phone _____

Email Address _____

Occupation _____ Employer _____

Please choose a contribution level:

- | | | |
|---|----------------------------------|----------------------------------|
| <input type="checkbox"/> \$25 | <input type="checkbox"/> \$50 | <input type="checkbox"/> \$150 |
| <input type="checkbox"/> \$250 | <input type="checkbox"/> \$500 | <input type="checkbox"/> \$1,500 |
| <input type="checkbox"/> \$2,500 | <input type="checkbox"/> \$5,000 | |
| <input type="checkbox"/> Other \$ _____ | | |

Please make your check payable to the “Libertarian Party of California” or if you wish to pay by credit card, please fill in the following information:

VISA MasterCard American Express Discover

Account No. _____ Expiration Date _____

Name as it appears on the card _____

Signature _____

Return to: Libertarian Party of California
770 L Street, Suite 950
Sacramento, CA 95814

v2017-08-02 web

California law requires political committees to report the name, mailing address, occupation and the name of the employer for each individual whose contributions aggregate in excess of \$100 in a calendar year. Political contributions are not tax deductible.