

STATE LAW REQUIRED THAT THE FOLLOWING INFORMATION BE PROVIDED*

NAME *

ADDRESS *

CITY/STATE/ZIP *

TELEPHONE *

FAX

EMPLOYER *

OCCUPATION *

E-MAIL

IF PAYING BY CHECK. Please make checks payable to **Citizens for Waguespack** and mail with this form to: **Citizens for Waguespack**, P.O. Box 476987, Chicago, IL 60647-6987

IF PAYING BY CREDIT CARD. Please complete the information below and mail this form to: Citizens for Waguespack P.O. Box 476987, Chicago, IL 60647-6987

Type of Credit Card:

MC VC AMEX

CREDIT CARD NUMBER

EXP. DATE

Contribution Amount:

NAME ON CARD

3 DIGIT CODE

\$ _____

SIGNATURE

DATE

PLEASE ADD MY/OUR NAME(S) TO YOUR VOLUNTEER COMMITTEE

Please check the box if you would like to:

Display a sign

Make phone calls, stuff envelopes, etc.

Distribute campaign literature in my neighborhood

Contact my neighbors

Other _____

Help raise campaign funds

Serve as election judge

Serve as pollwatcher

Serve as precinct captain

Host an event at my home

For more information, please email info@ScottForChicago.com

www.ScottForChicago.com