

Contribution Card
People for Hobson

___ Cash ___ Check ___ Money Order in the amount of \$ _____
 ___ \$25 ___ \$50 ___ \$75 ___ \$100 or more

Name _____

Address _____

City/State/Zip _____

To comply with Campaign Finance Reporting Rules, please give the following information:

Employer _____

Occupation _____

Business Address _____

I hereby understand that State law requires that a contribution be in my name and be from my own funds. I hereby affirm that this contribution is being made from my personal funds, is not being reimbursed in any manner, and is not being made as a loan.

Contributor's Signature

Date of Contribution

Filename: Contribution Card
Directory: C:\Documents and Settings\Qnhikohle\Desktop
Template: C:\Documents and Settings\Qnhikohle\Application
Data\Microsoft\Templates\Normal.dot
Title: Contribution Card
Subject:
Author: janelle hobson
Keywords:
Comments:
Creation Date: 6/3/2009 10:53:00 PM
Change Number: 2
Last Saved On: 6/3/2009 10:53:00 PM
Last Saved By: Nicole Griggs
Total Editing Time: 2 Minutes
Last Printed On: 6/3/2009 10:53:00 PM
As of Last Complete Printing
Number of Pages: 1
Number of Words: 103 (approx.)
Number of Characters: 953 (approx.)