

DONATIONS TO THE EAST HILLSBOROUGH COUNTY DEMOCRATIC CLUB

DATE: _____

Donation amount:

- ☐ \$25 ☐ \$50 ☐ \$75 ☐ \$100
☐ \$150 ☐ \$200 ☐ \$250 ☐ \$500
☐ Other \$

I would like to make this contribution:

- ☐ One-time
☐ Monthly

I would like to pay by check #

- ☐ Check (make payable to "East Hillsborough County Democratic Club")

First Name:*

Last Name:*

Address:*

City:*

State:*

Zip Code:*

County:*

Home Phone:

Cell Phone:

Email Address:

Occupation:*

Employer:*

* REQUIRED INFORMATION

Thank you for your support!