



Contributions.

The information below is required:

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year.

NAME: _____

ADDRESS: _____ EMAIL: _____

CITY: _____ STATE: _____ ZIP: _____ PHONE: _____

OCCUPATION: _____ EMPLOYER: _____

AMOUNT: \$1,000 \$500 \$100 \$25 \$10 OTHER: _____

Please make checks payable to "The Democratic Party of DuPage County"

Once completed, please mail this form along with you check:

The Democratic Party of DuPage County
1000-7 Rohlwing Road, Lombard IL 60148

Thank you for helping to create a more Democratic DuPage.

PLEASE CONTACT ME ABOUT VOLUNTEER OPPORTUNITIES