



CONTRIBUTION FORM

I, _____ date _____
(print name)

Made a contribution to the Humane Party Of California in the amount of

\$ _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____

Employer: _____

We are required to use our best efforts to collect your occupation and employer.

Please do not leave blank or enter 'N/A'. If self-employed, enter 'self'; if unemployed enter 'none' or 'retired'.

Signature _____

Date _____

Please make a copy of the form for yourself and mail the donation and this form to P.O
Box 88 Llano, CA. 93544

For questions or comments email us at:

humanepartyca@outlook.com

_____ (please initial) I confirm that the following statements are true and accurate:

1. I am a United States citizen or a permanent resident alien.
2. This contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution.
3. I am making this contribution with my own personal check or money order and not from a corporate or business account or an account from another person.
4. I am at least eighteen (18) years of age.

Contributions to political candidates and committees are not deductible for federal income tax purposes.

Contributions to The Humane Party of California are not tax deductible. Election law requires us to publicly report cumulative contributions of \$200 or more. We may not accept your contribution without your name, occupation and employer. In making this contribution, the contributor affirms that they are a United States citizen or a permanent resident alien. Contributions from Corporations cannot be accepted. FEC # C00649152. This communication is not authorized by any candidate or candidate's committee.

Thank you for your support!

