DISTRICT 45 JUMAANE WILLIAMS FOR CITY COUNCIL

"CHANGE For The Community"

CONTRIBUTION FORM

☐ **YOU CAN** count on my support!!! ☐ **I WILL VOLUNTEER!** Let me know how I can help.

I WANT to contribute to the campaign. Enclosed is my check for:

☐ $2,750 ☐ $2,500 ☐ $2,000 ☐ $1,500 ☐ $1,000 ☐ $500

☐ $250 ☐ $125 ☐ $100 ☐ $75 ☐ $50 ☐ $25

☐ Other: _____ ☐ Cash ☐ Check ☐ Money Order

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Cell Phone: _____

☐ **SIGN ME UP** for e-mail updates. E-mail: _____

Occupation: _____ Employer: _____

Employer Address: _____

(Occupation Information Needed for Matching Funds)

I 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.

_____

Signature Date

Please make your check payable to: **"Jumaane Williams for the 45th"**

Mail to: **P.O. Box 100889**
Brooklyn, N.Y. 11210

Maximum contribution is $2,750 per donor. We cannot accept contributions from corporations, partnerships, or LLCs. Political contributions are not tax deductible.

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