

BILLING INFORMATION

NAME

ADDRESS

CITY

STATE

ZIP CODE

EMAIL

PHONE

EMPLOYER

OCCUPATION

PAYMENT INFORMATION



CARD NUMBER

EXPIRATION DATE

SECURITY CODE

SIGNATURE

Federal law requires us to make 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.

Contributions are unlimited but are not deductible for federal income tax purposes. Contributions from foreign nationals, national banks, and federal government contractors are prohibited. Contributions will be used in connection with federal elections but not for direct or in-kind contributions to federal candidates. Contributions are subject to the limits and prohibitions of the Federal Election Campaign Act.

DONATION AMOUNT

 \$35 **\$50** **\$100** **\$500** **\$2,500** **\$5,000** **OTHER** \$

Please make checks payable to:
AlternativePAC

Or call **202-669-1692** to give
securely over the phone.

By submitting this form, I affirm
that the following statements are
true and accurate:

1. This contribution is made on a personal credit or debit card for which I have the legal obligation to pay, and is made neither on a corporate or business entity card nor on the card of another.
2. I am a United States citizen or a lawfully-admitted permanent resident.
3. I am making this contribution with my own personal funds, and I will not be reimbursed by anyone for this contribution.
4. I am not a federal government contractor.
5. I am at least 18 years of age.