

Bill Foster for Congress

Donation Amount

_____ \$2,800

_____ \$1,000

_____ \$500

_____ \$250

_____ \$100

_____ \$50

_____ \$25

_____ Other

Donor's Contact Information

Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____

E-mail Address _____

Occupation _____

Employer _____

Credit Card Number _____ Exp _____

Name on Card _____ Signature _____

Federal regulations require that all contributors provide occupation and employer information. If you are not employed, write "none" on the employer line. If you are self-employed, enter "self" on the employer line.

[] Check this box to confirm that the following statements are true and accurate:

- * I acknowledge that contributions to Bill Foster for Congress are not tax-deductible.
- * I have not given more than \$2,800 for 2020 primary election and \$2,800 for 2020 general election to Bill Foster for Congress during this election cycle.
- * I am a United States citizen or permanent resident alien.
- * This contribution is made from my own funds, and not those of another.
- * I am at least eighteen years old.

Please make your check payable to:
Bill Foster for Congress

Please mail this form and your check to:
Bill Foster for Congress
P.O. Box 9104
Aurora, IL 60598

WWW.BILLFOSTER.COM