

Manning For Congress Contribution Form

◆ \$250

◆ \$500

◆ \$1,000

\$2900

◆ Other Amount _____ ◆

Donation Amount: _____

Name(s): _____
(Contributor) (Second Contributor, if applicable)

Home Address: _____

City: _____ State: _____ Zip Code: _____

Occupation: _____
(Contributor) (Second Contributor)

Employer: _____ Phone (W): _____
(Contributor) (Second Contributor)

Phone **REQUIRED** (H): _____ (C): _____

E-Mail: _____ Fax: _____

If you prefer to pay by credit card, please complete the following:

Credit Card Type: ___ Visa ___ MasterCard ___ American Express ___ Discover

Name on Card: _____ Amount: _____

Billing Address (If Different): _____

Card Number: _____ Security Code: _____ Exp. Date: _____

YOU MUST ALSO SIGN BELOW: BY SIGNING BELOW you confirm...

- I am a United States citizen or a permanent resident alien.
- I am making this contribution from my own funds, and not those of another.
- I am making this contribution on my own personal credit card and not with a corporate or business credit card.
- I am at least 18 years of age.

Contributor Signature **(REQUIRED)**: _____

Second Contributor Signature for Joint Accounts **(REQUIRED)**: _____

Contributions are not tax deductible. Federal law requires us to use our best efforts to collect and report the name, address, occupation and employer of individuals whose contributions exceed \$200 per election cycle.

Contributions are limited to \$2,900 per individual per election (primary and general). All contributions received in excess of \$2,900 for the Primary election will be designated to the General election.

Contributions from corporations or labor unions are prohibited.

**Paid for by Manning
for Congress**