

FRIENDS of CHERYL STALLINGS

DONATION FORM

Individuals, PACs, and other entities may contribute a **maximum of \$5,600** in **Monetary** and **In-kind** (nonmonetary) **Contributions** per an election cycle. Please provide applicable requested information to help our campaign comply with state campaign finance laws. *Thank you for your donation!*

- Donations must be given and accounted for individually; “pass the hat” and bundling is unlawful.
- Cash donations over \$50 are not allowed.
- All donations require name, address, and employment information.

DONOR INFORMATION - Required information is **bolded**. Please print.

FULL NAME _____

RESIDENTIAL ADDRESS (Street, City, State, Zip) _____

EMPLOYER _____ **OCCUPATION** _____

Retirees: indicate last place of employment + occupation. **Self-employed/Unemployed:** indicate this + occupation.

Homemaker: indicate this + caregiver. **Fulltime Student:** indicate this + name of school.

Pref. Phone _____ Email address _____

DONATION INFORMATION - Complete all that applies.

MONETARY DONATIONS: Write checks to Friends of Cheryl Stallings . Cash limited to \$50.

Donation by (check one): _____ Check _____ Credit Card _____ Cash _____ Other

Total Monetary Donation Amount: \$ _____

IN-KIND DONATIONS: Provide amounts and descriptions for each donation. Attach receipts if possible.

Goods or Services Contributed (Describe in detail; use back of form if necessary):

Total Cost of Goods or Services: \$ _____

Fair Market Value of Goods or Services (if different from cost): \$ _____

Mail donation to **Friends of Cheryl Stallings/2009 Abby Knoll Dr./Apex, NC 27502**

Visit our campaign at **Cheryl4Wake.org**

Paid for by Friends of Cheryl Stallings