

STATE LAW REQUIRES THAT THE FOLLOWING INFORMATION BE PROVIDED. \*

NAME \*

ADDRESS \*

CITY/STATE/ZIP \*

TELEPHONE\*

FAX

E-MAIL ADDRESS

EMPLOYER \*

OCCUPATION \*

**IF PAYING BY CHECK.** Please make checks payable to and mailed with this form to:

**Citizens for Waguespack, P.O. Box 476987, Chicago, IL 60647-6987**

**IF PAYING BY CREDIT CARD.** Please complete the information below and mail this form to:

Citizens for Waguespack, P.O. Box 476987, Chicago, IL 60647-6987

Type of Credit Card:

MC  VC  AMEX

\$40  \$100  \$250

\$500  \$1,000  \$2,000

Other \$ \_\_\_\_\_

CREDIT CARD NUMBER

EXP. DATE

NAME ON CARD

3 DIGIT CODE

SIGNATURE

DATE

**PLEASE ADD MY/OUR NAME(S) TO YOUR VOLUNTEER COMMITTEE**

Please check the box if you would like to:

Help raise campaign funds

Make phone calls, stuff envelopes. etc.

Distribute campaign literature in my neighborhood

Contact my neighbors

Other \_\_\_\_\_

Serve as precinct captain

Serve as election judge

Serve as pollwatcher

Host an event at my home

For more information, please email [info@ScottForChicago.com](mailto:info@ScottForChicago.com)

**[www.ScottForChicago.com](http://www.ScottForChicago.com)**