

Information Form for Contributions to the Brunswick County Democratic Party

This information is required by state election laws.

AMOUNT/VALUE:		DATE:	
FORM: CASH (lim	nited to \$50)/ CARD/CHEO	CK (#)/IN-KIND (describe on back)
NAME:			
ADDRESS:			
CITY:			STATE: ZIP:
EMAIL:		<u>.</u>	PHONE:
RETIRED? YES_	NO: JOB TITLE OR	OCCUPATIO)N:
	EMPLOYER NA	AME OR FIEI	LD:
BUSINESS? NO	YES (Businesses of	donations must	t go to the Building Fund for HO maintenance.)