

## Contribution Form for Atlantic County Democratic Committee

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip : \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Employer City/State: \_\_\_\_\_ Employer Zip : \_\_\_\_\_

I would like to make a:

- One-time contribution
- Monthly contribution

In the amount of:

- \$15
- \$25
- \$50
- \$75
- \$100
- \$250
- Other \$ \_\_\_\_\_

Today's date: \_\_\_\_\_

Contributions are not tax-deductible as a charitable contribution for Federal income tax purposes.

Please complete and mail this form with your check to:

Atlantic County Democratic Committee  
P.O. Box 589  
Pomona, NJ 08240

609-272-1119

[www.atlanticdemocrats.com](http://www.atlanticdemocrats.com)

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