



Ocean County

Democratic Committee

— Donor Contribution Form —

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____ **Cell:** _____

Email: _____

Occupation: _____

Employer Name: _____

Employer Address: _____

Employer City: _____ **State:** _____ **Zip:** _____

Occupation and Employer information is required by New Jersey law for all campaign contributions.

Contribution Amount:

<input type="checkbox"/> \$10	<input type="checkbox"/> \$100
<input type="checkbox"/> \$25	<input type="checkbox"/> \$250
<input type="checkbox"/> \$50	<input type="checkbox"/> \$500
<input type="checkbox"/> \$75	<input type="checkbox"/> Other _____

Your contribution is not tax-deductible as a charitable contribution for Federal income tax purposes.

Please complete and mail this form with your check to:

Ocean County Democratic Committee
26 Main Street
Toms River, NJ 08753