

CONTRIBUTE TO RE-ELECT CHARLES ALLEN FOR WARD 6

CONTACT INFORMATION *Required Fields

*First Name: _____
*Last Name: _____
*Address Line 1: _____
Address Line 2: _____
*City: _____ *State: _____
*Zip: _____ Primary Phone: _____
Email Address: _____
*Employer: _____
*Occupation: _____
*Employer Address: _____
(new requirement)

CONTRIBUTION AMOUNT

\$10.00
 \$25.00
 \$50.00
 \$100.00
 \$250.00
 \$500.00
 Other: _____

MAKE THIS A RECURRING CONTRIBUTION (total may not exceed \$500):

Weekly
 Every 2 weeks
 Every 4 weeks
 Monthly

If you are self-employed, please enter "self-employed" under "employer" along with your occupation. If you are retired, unemployed, or a student, please enter "retired," "unemployed" or "student" as appropriate and enter "NA" as occupation. Donations are limited to \$500. Re-elect Charles Allen for Ward 6 accepts contributions from individuals only. All contributions are final. Refunds will be given if your contribution exceeds the legal limit.

PAYMENT INFORMATION

Visa MasterCard American Express

Card Number: _____ Expiration: _____ CVV: _____

By signing below, I agree to these charges. I certify that this contribution is made by an individual on a personal credit card or debit card for which I have the legal obligation to pay, and is not made either on a corporate or business entity card or on the card of another person.

Signature: _____ Date: _____

Enclosed is a check made payable to Re-elect Charles Allen for Ward 6. Check #: _____

Is this the first time you've donated to a DC campaign? YES NO

Comments: _____



Mail your completed form, with contribution, to Re-elect Charles Allen for Ward 6 • 1530 D Street, NE • Washington, DC 20002

 www.charlesallen2018.com

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