



Contribution Form

\$2,500 \$1,000 \$500 \$250

Other/Enter Amount _____

The following information is required by California State laws for **all** contributions.
We are **prohibited** from depositing any check without this information.

Name: _____

Street Address: _____

City/State/Zip Code: _____

Occupation: _____

Employer: _____

If Self-Employed, nature of business: _____

If Political Action Committee, ID number: _____

This information is optional for reporting purposes:

Home Phone: _____ Business Phone: _____

Personal _____ **Business** _____

CREDIT CARD INFORMATION

*BOTH SECTIONS MUST BE COMPLETED FOR CREDIT CARD CONTRIBUTIONS.
PLEASE PRINT CLEARLY.

Name on Card: _____

Address on Bill: _____

Card Number: _____

3 or 4 Digit Code: _____ Expiration Date: : _____

Authorized Signature: _____

Master Card ____ **VISA** ____ **American Express** ____ **Discover** ____

Personal _____ **Business** _____

Please make checks payable to:

JOANNA FLORES FOR SCHOOL BOARD 2015 ID# 1378737

MAIL TO: 4931 JILLSON ST, COMMERCE, CA 90040

Contributions to this committee are not considered charitable contributions for income tax purposes.
Contributions by Cashier's check, money order or cash of \$100 or more, in the name of another or from a foreign national not admitted to permanent resident status are prohibited.