

Philipstown Democrats

Annual Fall Fundraiser

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: _____

Occupation: _____

Home phone: _____ Cell phone: _____

Email: _____

Please make checks payable to:
Philipstown Democrats
and mail with this form to:
PO Box 451, Garrison, NY 10524

Please bill my personal credit card: Visa / MC / Amex (circle one)

Card No. _____ Exp. ____/____

Name as it appears on card: _____

Billing Address: (if different than above) _____

Signature: _____

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