

STACEY ABRAMS

For Georgia House District 84
For Opportunity for All!

CONTRIBUTOR FORM

First Name: _____

Last Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Phone Number: _____

Amount: _____

Please charge to Visa Mastercard American Express Discover

Card Number: _____ Exp. Date: _____

Signature: _____

<p>I would like to contribute on a monthly basis! Please charge _____ to my credit card each month for <input type="checkbox"/> 3 months <input type="checkbox"/> 6 months <input type="checkbox"/> 12 months <input type="checkbox"/> () months</p>
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You may contribute up to \$2,300 for the primary campaign and \$2,300 for the general campaign.

Employment: (Georgia law requires the reporting of the name, address, occupation, and employer of those individuals whose contributions exceed \$100. If you are not employed, please indicate "none" below.)

Employer: _____

Occupation: _____

Please send completed form and check for Friends of Stacey Abrams to:

Friends of Stacey Abrams
P.O. Box 5750
Atlanta, GA 31107

Thank you for your support!