



The Democratic Party of Walworth County

## General Contribution Form

Name(s) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone (\_\_\_\_) \_\_\_\_\_ Cell phone (\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

Date \_\_\_\_\_ Occupation \_\_\_\_\_

(State law requires us to use our best efforts to collect and report the name, mailing address, and Occupation of individuals whose contributions exceed \$100 in a calendar year.)

Amount \$ \_\_\_\_\_

For office use only: ( ) Check ( ) Cash