

YES, CHIP, YOU HAVE MY FULL SUPPORT!

Enclosed is my most generous contribution of:

- \$25 \$100 \$1000
 \$50 \$250 \$2400
 Other: \$ _____



Name: _____

Address: _____

City: _____ City: _____ Zip: _____

Email: _____ Phone: _____

Employer: _____ Occupation: _____

Federal Law requires us to use our best efforts to collect and report the name, mailing address, occupation, and employer of individuals whose contributions exceed \$200 per election cycle.

Please make checks payable to "Cravaack for Congress".

Mail this form with your check to:

Cravaack for Congress

P.O. Box 951

North Branch, MN 55056

CREDIT CARD CONTRIBUTIONS (optional):



Credit Card Number: _____ Expiration Date: _____

Name (as it appears on the card): _____ Card Verification Number: _____

Billing address (if different): _____

CONFIRM YOUR ELIGIBILITY:

By checking this box, I confirm that the following statements are true and accurate:

1. I am a citizen or permanent resident in the United States.
2. The funds I am contributing are my own personal funds and not those of another person.
3. My contribution is not from general treasury funds of a corporation, organization or national bank.
4. I affirm that I am making this contribution via my personal credit or debit card for which I have a legal obligation to pay, and not through a corporate or business entity card or the card of another person.

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