

CONTRIBUTOR FORM

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Address:	City/State	/Zip:
Occupation:	Employer:	<u>: </u>
Employer Address:	City/State	/Zip:
Phone:	Email:	
KINDLY MAKE CHECKS PA	AYABLE TO: "(COLEMAN FOR PA"
CHECKS CA P.O. BOX 23173 F	AN BE MAILEC PITTSBURGH,	
MAKE A SECURE COLEMANFO	DONATION O	
PAYMENT METHOD: Check Card		
Card Type: ☐ American Express ☐ Visa ☐ Maste	ercard Discover	
Amount: □ \$25 □ \$50 □ \$250 □ \$500 □ \$1,	000 🗆 \$2,000 🗅	1\$
Card Number	Exp	CVC
Signature		☐ Make this a monthly recurring donation
Please confirm that the following statements are tru	ue and accurate:	
□ I am not a foreign national who lacks permane	nt residence in the	United States.
☐ This contribution is made from my own funds, a	and not those of ar	other.
☐ I am at least eighteen years old.		

There is no limit on individual and PAC contributions. Corporations and labor organizations are prohibited from donating. Contributions from foreign nationals are prohibited by law. State law requires that we collect and report the name, address, occupation and employer of contributors. Donations are not deductible as charitable donations for federal income tax purposes.