



CONTRIBUTION FORM

- \$1,000 \$500 \$200 \$100 \$50
- Other:** I will support Karl Frisch's campaign with a contribution of \$ _____ .

I'D LIKE TO VOLUNTEER:

- Knock on Doors Make Calls Host an Event Office Work Yard Sign Bumper Sticker

Contributions to "Friends of Karl Frisch" are not tax-deductible.

PAID FOR AND AUTHORIZED BY FRIENDS OF KARL FRISCH

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Retired Not Employed Employed

If Employed, Complete Occupation/Employer Information

Employer: _____

Occupation: _____

Employer Address: _____

City: _____ State: _____ Zip: _____

Campaign finance law requires us to collect your occupation, employer, and employer's address if you are employed.

My check is enclosed, payable to: **Friends of Karl Frisch**

Please Bill My Credit Card

Visa MasterCard American Express Discover

Name on Card: _____

Card #: _____

Exp. Date: _____ 3 Digit Security Code: _____ (On Back)

Signature: _____

Credit card contributions will be processed using ActBlue.com. Save time, donate online: KarlFrisch.com/Donate

Mail this form with your check to:

Friends of Karl Frisch
P.O. Box 3354
Merrifield, VA 22116-3354