

Donation to Eastern Washington Voters

Today's Date _____ Name: _____	Amount: <input type="checkbox"/> \$1,000 <input type="checkbox"/> \$500 <input type="checkbox"/> \$250 <input type="checkbox"/> \$125 <input type="checkbox"/> \$75 <input type="checkbox"/> \$35 <input type="checkbox"/> Other () <input type="checkbox"/> Check to make reoccurring monthly contributions by credit card.
Address: _____	Phone: _____
City _____ Zip _____	Email: _____
Employer: _____	Occupation: _____
Credit Card # _____ <input type="checkbox"/> Visa <input type="checkbox"/> Master Card <input type="checkbox"/> Amer. Exp.	Expiration Date _____ CVC Code _____

Mail to *Eastern Washington Voters, 35 W. Main, Box 270, Spokane, WA 99201.*
 Please include the above information with your check. Donations are not tax deductible.