

MACON COUNTY REPUBLICAN WOMEN

Circle One: \$100 | \$250 | \$500 | \$1000 | \$2500 | \$5000 | Other: _____

CONTRIBUTION METHOD: PERSONAL CREDIT CARD

Circle One: Visa MasterCard Discover American Express

Number: _____ CVV: _____ Exp: ____/____/____

CONTRIBUTION METHOD: PERSONAL CHECK

Make Checks Payable to: Macon County Republican Women

Mail to: P.O. Box 55, Decatur, IL, 62525

REQUIRED INFORMATION

ALL CONTRIBUTORS MUST COMPLETE THE BELOW SECTION.

*Illinois law requires political committees to use their best efforts to obtain and report the name, address, employer and occupation of individuals whose contributions exceed \$150.

Name (as it appears on contribution method): _____

Employer: _____

Occupation: _____

Billing Address: _____

City: _____

State: _____

Zip: _____

Phone: _____

Email: _____

Signature of Contributor(s)



For More Information:
MaconCRW.org/donate

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DONATE ONLINE

