



Your Contribution

Please print all information except for your signature. NOTE: The fields in this PDF allow online data entry. We invite you to complete the form before printing and save to your computer.

Contribution Information: *required fields indicated with **

Enclosed is my contribution of \$ _____

All checks may be made payable to: **Committee to Re-Elect Amy McCulloch**

Contributor Information *required fields indicated with **

Name:* _____

Address:* _____

City:* _____ State:* _____ Zip Code:* _____

Occupation:* _____ Employer: _____
If you are retired or do not work outside the home, state that here.

Phone: (H) _____ (C) _____
Example: 888-888-8888 Example: 888-888-8888

E-Mail Address: _____

I would like to receive periodic updates via email about this campaign.

Contributions for local elections are limited to \$1,000 per person and contributions or gifts to the Committee to Re-Elect Amy McCulloch are not tax deductible.

By signing below, I affirm that I am making this contribution in accord with the legal requirements outlined on this page.

Contributor Signature:* _____ Date: _____

Mail this form and your contribution to:

The Committee to Re-Elect Amy McCulloch
P. O. Box 252
Columbia, SC 29202