

CONTRIBUTION FORM  
FRIENDS OF JOHN SARBANES

Contribution Amount: \$ \_\_\_\_\_

Checks should be made payable to: Friends of John Sarbanes

Checks should be mailed with this form to:

Friends of John Sarbanes  
499 S. Capitol St., SW, Suite 422  
Washington, DC 20003

**Contact Information**

First Name: \_\_\_\_\_

Last Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip/Postal Code : \_\_\_\_\_

**Employer Information**

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

If you are retired, a student or a homemaker, so indicate under "Occupation" and list "N/A" under "Employer." If you are self-employed, so indicate under "Employer" and describe your line of work under "Occupation."

**Affirmation**

\_\_\_\_\_  
SIGNATURE

Your signature affirms that you are a U.S. citizen (or have a valid green card) and that this contribution is made from your own funds from an account on which you are the personal signature and is not made either on a corporate or business entity account or the account of another person.

Contributions are limited to \$2700 per individual per election.

This form is authorized by Friends of John Sarbanes. Please be advised that contributions to Friends of John Sarbanes are NOT deductible for federal income tax purposes. Corporate contributions are prohibited by law.

Paid for by Friends of John Sarbanes