

**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 \$2800 per individual per election. Donors may contribute a maximum total of \$5600 for the entire election cycle to be equally allocated to the primary election and the general 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.
