



**Democratic Executive Committee Of Sarasota County  
DONOR CARD**

**Contribution Amount:**

- \$25       \$100       \$500       \$2,500       \$10,000 (maximum)
- \$50       \$250       \$1,000       \$5,000       Other: \$ \_\_\_\_\_

Contributions to the DECSC are not deductible for federal income tax purposes.

**Please indicate your payment preference:**

- My check is enclosed. Make check payable to *DECSC* and mail to:  
DECSC Treasurer, PO Box 5833, Sarasota, FL 34277-5833
- My credit card as follows:       VISA       Master Card  
Card #: \_\_\_\_\_      Expiration Date: \_\_\_\_ / \_\_\_\_  
Signature: \_\_\_\_\_
- I would like to contribute this amount every month on my credit card

**Tell us about yourself:**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Election law requires that persons who contribute in excess of \$100 provide employment information. If you are not employed, please enter "none".

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

I confirm that the following statements are true & accurate:

1. I am a United States citizen or a permanent resident alien.
2. This contribution is not made from the general treasury funds of a corporation, labor organization or national bank.
3. This contribution is not made from the treasury of an entity or person who is a federal contractor.
4. The funds have not been provided by another person or entity for the purpose of making this contribution.
5. I am at least 18 years of age.

Signature: \_\_\_\_\_