

# NAPA COUNTY DEMOCRATIC CENTRAL COMMITTEE DONATION FORM

## Your Information:

Donation Amount: \$ \_\_\_\_\_

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

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

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**\*Required by law. If you are not employed, please enter "none"**

\*Occupation of payee: \_\_\_\_\_

\* Employer of payee: \_\_\_\_\_

**I confirm that the following statements are true and accurate:**

- I am a United States citizen or a permanent resident alien, I am not a Federal government contractor, and I am at least 18 years of age.
- This contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution
- I am making this contribution with my own personal check and not with a corporate or business check.
- I understand political donations are not tax-deductible under federal law.

**I am interested in helping as a:**

**Donor of Goods**    **Donor of Services**    **Volunteer**    **Committee Member**

**Please send this form with your check payable to:**

**Napa County Democratic Central Committee**  
P.O. Box 652  
Napa, CA 94559

**Thank you!**