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!