



JOHN BOYLE  
FOR STATE REPRESENTATIVE



MAIL-IN DONATION FORM

Print this page and mail it with your contribution to:  
**John Boyle For Michigan; P.O. Box 1008, Ann Arbor, MI 48106-1008.** Thank you!

*Campaign finance laws prevent us from accepting cash contributions over \$20 and from accepting contributions from corporations. Contributions are not tax-deductible.*

\_\_\_\_\_ I would like to make a contribution of:  \$10  \$25  \$50  \$100  \$200  \$250  
 \$500  \$1,000  Other: \$ \_\_\_\_\_

\_\_\_\_\_ I authorize a monthly credit card contribution of \$\_\_\_\_\_ for \_\_\_\_\_ months.

\_\_\_\_\_ Please charge my credit card # \_\_\_\_\_ Exp. Date: \_\_\_/\_\_\_

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

\_\_\_\_\_ Enclosed is my check payable to **John Boyle For Michigan.**

\_\_\_\_\_ Please include my name with others who endorse John.

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

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

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

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

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

*The following information is required by law for cumulative donations over \$100.*

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

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

Employer's Complete Address: \_\_\_\_\_

\_\_\_\_\_

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