

Donation Form



Gilford Democratic Committee

Donor Information (please print or type)

Name _____
Billing address _____
City, St, Zip Code _____
Home Phone _____ Cell Phone _____
Email _____

Donation Information

I (we) donate a total of \$_____ to be paid: now monthly quarterly yearly.

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. Date _____
Credit card number _____
Authorized signature _____

Employment Information

Campaign finance law requires us to collect your employment information. If you are retired, self-employed, or not employed, please use your home address

Occupation _____
Employer _____
Employer Address _____
City, St, Zip Code _____

Please send completed form along with check or credit card information to:

Gilford Democratic Committee
C/O Johnna Davis
251 Cotton Hill Rd
Gilford, NH 03249

Please make checks payable to Gilford Democratic Committee. Thank you for your donation!