

Please print this form, complete the following information, and mail your along with this form to: Committee to Elect Isak Asare • PO Box 6926, Bloomington, IN 47407

PLEAS	SE PRINT]			
CONT	TACT INFORMATION:			
First Name:		Last Name:	Last Name:	
Addre	ess:			
	oyer:			
	pation:			
	Address:			
	e Number:			
C M	CONTRIBUTION INFORMATION: Choose an amount: \$\Begin{array}{cccccccccccccccccccccccccccccccccccc	0 □ \$250 □ \$500		
Contri	ibution rules:			
2.3.4.5.	I am a U.S. citizen or lawfully admit This contribution is made from my of another person or entity for the purpor I am at least eighteen years old. I am not a federal contractor. I am making this contribution with musiness funds or funds issued to and I understand that I am required to state equal to or greater than \$200.00.	own funds, and funds ose of making this co my own personal fun other person.	s are not being provided to me by ontribution. ds and not with a corporate or	
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