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| **Campaign Contributions** |
| **Name:**   |  |  | | --- | --- | | **Home Address:** | **Phone#s:** | |  |  |   **Amount: [] $25 [] $50 [] $100 [] $250 [] $500 [] Other**  The WA State Public Disclosure Commission requires that we collect the following information for each person named on a check. Maximum contribution is $500/person.  **Are you… [] Retired [] Unemployed [] Employed [] Other**  **Employer’s Name(s): Occupation:**  **Employer’s Address:**  Or, Include a business card with employment information on back page. |

For Online Contributions go to… www.neiltibott.com/Contribute

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| **Check Writing Instructions** |
| **[]** Please make checks payable to: **Tibbott For Edmonds**  **[]**  Send Form and Check to: **TFE- PO Box 6250 – Edmonds, WA 98026** |
| **I Want to Help!** |
| **[] Volunteer [] Endorsement** Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **[] Yard Sign [] Talking with Friends and Neighbors**  **[] Host a Gathering [] Please Contact me** Ph# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Thank You!**