

MEMBERSHIP FORM--Mail to Lynchburg Democratic Committee, PO Box 1363, Lynchburg VA 24505

PLEASE PRINT CLEARLY (* indicates required by law) NAME(S)* _____

ADDRESS* _____

CITY* _____ STATE* _____ ZIP* _____

OCCUPATION* _____ EMPLOYER OR BUSINESS* _____

CITY OR COUNTY & STATE OF EMPLOYER OR BUSINESS* _____

PHONE _____ EMAIL _____

Email required if paid by credit card; otherwise optional. We will send 2-3 messages a month, unless you tell us not to.

WILL YOU VOLUNTEER? _____ VOLUNTEER INTERESTS _____

Paid for and authorized by the Lynchburg Democratic Committee (434-845-1400). Not authorized by any candidate.

Contributions of \$100 or less per calendar year, or \$8 per month, are NOT made public. Contributions are not tax-deductible.

CIRCLE your contribution amount: \$8 \$10 \$25 \$50 \$100 Other \$ _____

I enclose a check payable to "Lynchburg Democratic Committee"

I authorize the Lynchburg Democratic Committee to bill my credit card for the amount above:

CIRCLE ONE: One-time Every Month CIRCLE ONE: Visa MasterCard Discover American Express

Card number _____ Expires _____ / _____ 3-digit security code _____

Name on card _____

I am a US citizen or permanent resident. This contribution is made from my own funds.

Signature _____ Date signed _____