



Donate To Person County Democratic Party (PCDP) Election Campaign Fund

NC State Board of Elections Requirements:

- This form must be completed for all contributions.
- Contributions over \$50.00;
 - Must be paid by Check to (PCDP).
 - Provide employer name and occupation.
 - If retired: Provide last employer name and occupation.
 - If self-employed; Provide business name & type, title and occupation.

Please Note: It is unlawful for any corporation, business, labor union, professional association, or insurance company to directly or indirectly contribute to any political party committee.

Contributions may be mailed to:

PCDP
c/o T Kirkland
2312 Cunningham Rd
Semora NC 27343-9005

Contributor

(* denotes required information)

* First Name:	*Last Name:	
* Address:		
*City:	*State:	*Zip:
Email address:		
*Contact Phone Number:		
*Employer Name:	*Occupation	*Title

*Date: _____

*Contribution Amount \$ _____

THANK YOU FOR YOUR SUPPORT