REQUIRED CAMPAIGN DONATION FORM



<u>lf mailing, please send to:</u> Cale for Muskogee Mayor 2024, P.O. Box. 1528, Muskogee, OK 7440 \$100 \$250 \$500 \$1,000 \$3,300 \$6,600 \$0 Other:\$					
_ \$100 _ \$250 _ \$500 _ \$1	,000 🔲 \$3,3	300 <u> </u>	ouu 🔛 Otne	er:\$	
IF CONTRIBUTING AS A PAC, PLEASE SPECIFY PAC NAME			PAC REGISRATION #		
PREFIX FIRST	INITIAL		LAST		
SALUTATION	SPOUS			E NAME	
ADDRESS	CITY		STATE	ZIP	
PHONE NUMBER				EMAIL	
EMPLOYER	OCCUPATION		CHECK IF SELF-EMPLOYED		
SPOUSE'S EMPLOYER (If contributing jointly)	SPOUSE'S OCCUPATION		CHECK IF SELF-EMPLOYED		
Contributions by Personal Credit Card (Please check one)	VISA	DISCOVER	mostercord.	■ AM EX	
NAME ON CARD				BILLING ZIP	
CARD NUMBER	EXP. DATE		CSV/SECURITY CODE		
SIGNATURE (REQUIRED)	(REQU	IRED IF CONTRI	SPOUSE' BUTING FROM J	S SIGNATURE OINT FUNDS)	

