



Contribution Information Please print all information except for your signature. NOTE: The fields in this PDF allow online data entry. We invite you to complete the form before printing and save to your computer.

Enclosed is my contribution of: \$ _____ I am contributing by: **CHECK CREDIT CARD**

Monthly Contribution

Amount* \$ _____ Your card or bank account will be charged monthly on approximately the same date of your original contribution. You may stop these charges at any time by contacting the SC Democratic Party.

A Year in Advance

Amount* \$ _____ Your contribution will be divided by 12 to determine your chosen membership level.

CREDIT CARD:

I wish to charge \$ _____ to my (circle one): **Visa MasterCard Discover AMEX**
Credit card contributions will be deposited into the SCDP Federal Account.

Account Number

Expiration Date

THE FOLLOWING INFORMATION IS REQUIRED: Contributions are not tax deductible for federal income tax purposes. Federal law requires political committees to report the name, mailing address, occupation and name of employer for each individual whose contributions exceed \$200 in a calendar year. Your contribution may be used in connection with federal elections and is subject to the limitations and prohibitions of the Federal Election Campaign Act.

CONTRIBUTOR INFORMATION Required fields indicated with *

Name* _____
as it appears on your credit card or check

Street Address* _____
the address to which your credit card is billed

City* _____ State* _____ Zip Code* _____

Phone(s) Day _____ Night _____
example: 888-888-8888 example: 888-888-8888

eMail Address _____ Fax _____
example: 888-888-8888

Occupation* _____

Employer* _____

NOTE: If you are retired, please enter N/A under Employer and Retired under Occupation; if a homemaker, please enter N/A - Homemaker; if self-employed, please enter "Self-Employed" under Employer and describe your line of work under Occupation.

By signing below, I affirm that I am making this contribution in accord with the legal requirements outlined on this page.

Contributor Signature:

Date:

Legal Requirements

- I confirm that the following statements are true and accurate
- I am not a foreign national who lacks permanent residence in the United States.
- This contribution is made from my own funds, and not those of another.
- This contribution is not made from the funds of a corporation or labor organization.
- This contribution is made on a personal credit card or debit card for which I have the legal obligation to pay, and is not made either on a corporate or business entity card or on the card of another person.

Contributions or gifts to the South Carolina Democratic Party are not tax deductible.

Paid for by the Democratic Party of South Carolina, 1.800.841.1817 – www.scdp.org, and not authorized by any federal candidate or candidate's committee.