



Turn PA Blue Campaign Donation Form



Date _____ Value \$ _____ Check # _____

TPAB Event / Fundraising Activity _____

Please attach any relevant documentation

To comply with PA campaign finance reporting we require the following information

Full Name of Contributor: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code _____

Email Address: _____

Cell Phone: _____ Phone (Landline) _____

Employer: _____ **OR** Self-employed Retired
 Unemployed Homemaker

Occupation: _____

Employer's address or principal place of business if self-employed

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip Code _____

Please note:

Donations from foreign nationals, corporations, non-profit organizations, and unincorporated associations are prohibited by law, except those formed primarily for political purposes or as a political committee. Contributions from partnership, sole proprietor, or limited liability company (LLC) are lawful, so long as they affirm (a) no partner or member is a corporation and, (b) in the case of an LLC, (i) is treated as a partnership for Federal tax purposes, and (ii) the contribution does not contain corporate funds. Contributions to political committees are not tax deductible for income tax purposes.

(X) _____

Signature of individual contributor or signature/
affirmation of non-individual contributor's representative

Date

Paid for by Turn PA Blue

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