

Evans Civil Rights Act

Statewide Ballot Measure 2006 CONTRIBUTION FORM

The following information is required by California State laws for all contributions. We are prohibited from depositing any check without this information.

Name: _____

Street Address: _____

City/State/Zip Code: _____

Occupation: _____

Employer: _____

If Self-Employed, nature of business: _____

If Political Action Committee, ID number: _____

Amount of Check: \$ _____

This information is optional for reporting purposes:

Home Phone: _____ Business Phone: _____

Personal _____ *Business* _____

CREDIT CARD INFORMATION

*BOTH SECTIONS MUST BE COMPLETED FOR CREDIT CARD CONTRIBUTIONS.
PLEASE PRINT CLEARLY

Name on Card: _____

Address on Bill: _____

Card Number: _____

V-Code: _____ (3 digits on back of card

after the acct. #/Amex=4 digits on front)

Expiration Date: _____

Amount: \$ _____

Signature: _____

Master Card ____ *VISA* ____ *American Express* ____ *Discover* ____

Personal _____ *Business* _____

Please make checks payable to: **EVANS CIVIL RIGHTS ACT**

MAIL TO: DAVID L. GOULD COMPANY

555 S. Flower Street, Suite 4210, Los Angeles, CA 90071-2300

Corporate and individual contributions are accepted - Contributions to this committee are not considered charitable contributions for income tax purposes.