

Evans California Child Protection Act

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 California Child Protection Act**

MAIL TO: DAVID L. GOULD COMPANY

555 S. Flower Street, Suite 4510, Los Angeles, CA 90071-2300

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

*THERE ARE NO CONTRUBUTION LIMITS FOR THIS COMMITTEE