



Mail-in Donation for Friends of Pam Byrnes

Print and mail this form with your contribution to **17381 N. M-52, Chelsea, MI 48118**. Thank you!

Campaign finance laws prevent us from accepting cash contributions over \$20 and from accepting contributions from corporations. Please note that contributions are not tax-deductible.

___ I would like to make a contribution of: \$1000 \$500 \$250 \$100 \$50 Other: \$ _____

___ I authorize a monthly credit card contribution of \$ _____ for _____ months.

___ Please charge my credit card _____ Exp Date ____ / ____

Signature: _____

___ Enclosed is my check payable to **Friends of Pam Byrnes**.

___ Please include my name with others who endorse Pam.

Full Name: _____

Street Address: _____

City, State, Zip: _____

Phone: _____

Email: _____

The following information is required by law for cumulative donations over \$100.

Occupation: _____

Employer: _____

Employer's Complete Address: _____
