



CONTRIBUTION FORM

- \$1,000 \$500 \$200 \$100 \$50
- Other:** I will support Karl Frisch's campaign with a contribution of \$ _____ .

I'D LIKE TO VOLUNTEER:

- Knock on Doors Make Calls Host an Event Office Work Yard Sign Bumper Sticker

Contributions to "Friends of Karl Frisch" are not tax-deductible.

PAID FOR AND AUTHORIZED BY FRIENDS OF KARL FRISCH

Name: _____	<input type="checkbox"/> My check is enclosed, payable to: Friends of Karl Frisch
Address: _____	<input type="checkbox"/> Please Bill My Credit Card
City: _____ State: _____ Zip: _____	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
Phone: _____	Name on Card: _____
Email: _____	Card #: _____
<input type="checkbox"/> Retired <input type="checkbox"/> Not Employed <input type="checkbox"/> Employed	Exp. Date: _____ 3 Digit Security Code: _____ (On Back)
If Employed, Complete Occupation/Employer Information	Signature: _____
Employer: _____	
Occupation: _____	
Employer Address: _____	
City: _____ State: _____ Zip: _____	
<small>Campaign finance law requires us to collect your occupation, employer, and employer's address if you are employed.</small>	<small>Credit card contributions will be processed using ActBlue.com. Save time, donate online: KarlFrisch.com/Donate</small>

Mail this form with your check to:

Friends of Karl Frisch
P.O. Box 8060
Vienna, VA 22183-8060