

JIM DODGE

ILLINOIS TREASURER

CONTRIBUTION FORM

Name: _____

TO PAY BY CREDIT CARD

Address: _____

Name on Card

City: _____ State: _____ Zip: _____

Card Number

Phone: _____

Email: _____

Exp. Date
Code

3 Digit

Employer: _____

(Needed for \$500 and above)

Occupation: _____

(Needed for \$500 and above)

Signature

PLEASE MAKE CHECK PAYABLE TO

Citizens for Jim Dodge

P.O. Box 250, Orland Park, IL 60462

Paid for by Citizens for Jim Dodge. A copy of our report filed with the State Board of Elections is (or will be) available on the Board's official website (www.elections.il.gov) or for purchase from the State Board of Elections, Springfield, IL.