

I Want to Help Elect Alicia Washington for Circuit Judge

(Please Print) Name _____ Occupation _____
Address _____
City _____ State _____ Zip _____
Phone (Home) _____ Phone (Office) _____
E-Mail _____ Fax _____

I hereby authorize the use of my name in support of Alicia Washinton for Circuit Judge

Signature _____ Date _____

Enclosed is my contribution of :			
<input type="checkbox"/> \$50	<input type="checkbox"/> \$100	<input type="checkbox"/> \$250	<input type="checkbox"/> \$500
<input type="checkbox"/> \$1000	<input type="checkbox"/> Other \$ _____		
Please make all checks payable to: Alicia Washington Campaign			

\$1000 per person or corporation is the maximum
donation allowed by Florida Law

I can volunteer for:

- Host a Social Function
- Office Help / Telephoning
- Fund Raising
- Place Yard Signs
- Send Out Support Letter
- Hand Out Literature
- Other _____

Please return completed form with your check or money order to:

The Alicia Washington Campaign
Post Office 100
Bunnell, FL 32110
(386)212-0481
www.AliciaForJudge.com
aliciawforjudge@gmail.com