

TINA!

Contribution Remittance Form

*Contributor information - Please provide the following information for check, credit card, and cash contributions. *We cannot accept money orders or cashier checks.*

NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

CELL PHONE: _____

EMAIL: _____

IF THE CONTRIBUTION IS FROM A PAC, PLEASE PROVIDE FPPC#

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California State law requires the committee to obtain the following information for all contributions.

EMPLOYER (if self-employed, name of business): _____

OCCUPATION: _____

Payment Options

\$100 \$250 \$500 \$1,000 \$2,500 \$5,000 \$10,000

Please make checks payable to:

515 S. Figueroa St., Ste. 1110,
Los Angeles, CA 90071

Donate Online:



VISA MASTERCARD AMERICAN EXPRESS DISCOVER OTHER

CARD NO.: _____

CARD EXP. DATE: _____

CVV: _____