



Bexar County Democratic Party Donation Form

Name _____ Pct # _____

Address: _____

City: _____ State: _____ Zip _____

Phone _____ Home Mobile Work

E-Mail: _____

Campaign finance law requires us to collect your occupation and employer. If retired, write "Retired" in both spaces.

Occupation _____ Employer _____

Please check that the following statements are true.

1. I am a United States citizen or a permanent resident alien.
2. This contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution.
3. I am not a federal contractor.
4. I am at least eighteen years old.

Please make checks payable to: **Bexar County Democratic Party**

All donations will go into the BCDP Operating Account.

Mail your check with this form to:

Bexar County Democratic Party

PO Box 12534

San Antonio, TX 78212

Thank you for your support!