

Libertarian Party of Hillsborough County Florida

Donation Form

Donation Amount

Please Check box of your donation amount — *Donations **OVER \$100** requires Employer's Name & Occupation

<input type="checkbox"/> \$1,000	<input type="checkbox"/> \$500	<input type="checkbox"/> \$100	<input type="checkbox"/> \$50	<input type="checkbox"/> \$25	<input type="checkbox"/> \$20	<input type="checkbox"/> \$15	<input type="checkbox"/> \$10
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\$ <input type="text"/>	OTHER AMOUNT
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Note: Per F.S. 106.09 effective 01/01/08 - A person may **NOT** make or accept a **cash** contribution or **cashier's check** in excess of \$50.

Donor Information

FULL NAME:

First, Middle Initial, Last

ADDRESS:

APT #

CITY:

STATE:

ZIP:

PHONE:

(000)-000-0000

CELL PHONE:

(000)-000-0000

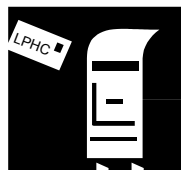
EMAIL:

YourEmail@yourserver.com

**Donations OVER \$100 requires Employer Name & your Occupation*

EMPLOYER:

OCCUPATION:



Make Check or Money Order payable to:
Libertarian Party of Hillsborough Co.
Mail to:
PO Box 772
Tampa, FL 33601-0772