

RE-ELECT SHARON WALLIN FOR IRVINE SCHOOL BOARD, 2010

ID# 1328653

CONTRIBUTION FORM

California State law requires the following information for contributions of \$100.00 or more. Please make checks payable to Re-elect Sharon Wallin for Irvine School Board.

Mail to Sharon Wallin, 23 Fairdawn, Irvine, CA 92614

Name: _____

Address: _____

City/State/Zip Code: _____

Occupation: _____

Employer: _____

If Self-Employed, nature of business: _____

Amount of Check: \$ _____

This information is optional for reporting purposes:

Home Phone: _____ Business Phone: _____

Email _____

CREDIT CARD INFORMATION

For donations over \$100.00 please complete above portion also.

Name on Card: _____

Address on Bill: _____

Card Number: _____ 3or 4 Digit Code: _____

Expiration Date: _____

Amount: \$ _____

Signature: _____

Master Card _____ *VISA* _____ *American Express* _____ *Discover* _____

Personal card _____ *Business card* _____

My name can be used as an endorsement

Signature _____

Mail to: Sharon Wallin, 23 Fairdawn, Irvine, CA 92614

Fax to: 949 733-0163