

# CONTRIBUTION FORM



Make checks payable to:  
Friends of Karen Testerman

Mail checks and completed form to:  
Friends of Karen Testerman  
PO Box 3874  
Concord, NH 03302-3874

*This information is required by the State of New Hampshire and will only be used for campaign finance reporting and acknowledgments. Businesses, individuals and PACs may contribute a maximum of \$5,000 to Friends of Karen Testerman. All individual contributors must be citizens of the United States. Contributions are not deductible as charitable contributions for federal tax purposes.*

Date: \_\_\_\_\_ Contributor Type: \_\_\_\_\_ (Individual, Business, PAC)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

*Please provide your email to stay connected and receive updates from Karen*

*Please check all that are applicable below:*

YES, I endorse Karen Testerman and allow you to use my name and endorsement statement.

### To help the campaign, I am willing to:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Join Karen's Prayer Team    | <input type="checkbox"/> Host a coffee, or fundraiser | <input type="checkbox"/> Make phone calls      |
| <input type="checkbox"/> Write letters to the Editor | <input type="checkbox"/> Walk door to door            | <input type="checkbox"/> Join a Sign Wave      |
| <input type="checkbox"/> Display a yard sign         | <input type="checkbox"/> Display a bumper sticker     | <input type="checkbox"/> Distribute yard signs |

My endorsement statement: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*The State of New Hampshire requires name, address, occupation and employer information be reported for aggregate contributions over \$100 per election cycle.*

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

\_\_\_\_\_ By initialing here, I confirm that the following statements are true and accurate:

- I am 18 years of age or older
- I am not a foreign national who lacks permanent residence in the United States.
- This contribution is made from my own funds, and not those of another.
- This contribution is made on a credit card or debit card for which I have the legal obligation to pay, and is not made on the card of another person.
- This contribution will not alone, or in combination with previous contributions, exceed the maximum legal contribution amount of \$5,000 to Friends of Karen Testerman.