



Your Contribution

Contribution Information *Please print all information except for your signature.*
NOTE: The fields in this PDF allow online data entry. We invite you to complete the form before printing and save to your computer.

Enclosed is my contribution of \$

Note: South Carolina limits contributions to \$1,000 per election cycle for city council elections.

I am contributing by: **Check** **Credit Card** Visa MasterCard American Express

All checks may be made payable to: **Friends of Belinda Gergel**

Credit Card Number Expiration Date
Example: 12/08

Contributor Information *required fields indicated with **

Name*
as it appears on your credit card or check

Address*
the address associated with your credit card

City* State* Zip Code*

Occupation*

Employer*
If you are retired or do not work outside the home, state that here

E-Mail Address

Phone: Day Night
example: 888-888-8888 *example: 888-888-8888*

Spouse's Name Preferred (Nick) Name

By signing below, I affirm that I am making this contribution in accord with the legal requirements outlined on this page.

Contributor Signature* _____ **Date**

Contributions for City Council elections are limited to \$1,000 per person and contributions or gifts to the Friends of Belinda Gergel are not tax deductible.