

Contribution Form for Terri Austin

Please print this page and send via U.S. mail to:

Any Questions: 765-640-0291

The Committee To Re-Elect Terri Austin
2101 East 8th Street
Anderson, IN 46012

The Committee To Re-Elect Terri Austin is required by law to use its best efforts to collect and report the name, mailing address, occupation, and name of employer for each donor.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Employer: _____

Occupation: _____

Enclosed is my check payable to "The Committee To Re-Elect Terri Austin"

in the amount of \$ _____.

or Credit Card Information:

Card Type: _____ MC _____ VISA _____ Am Exp _____ Discover

Credit Card Number: _____

Name on the Card: _____

Expiration Date: _____

The three digit code from the back of your card: _____

(The address to which your credit card bill is sent must be the same as your address above.)

By signing below*, I confirm that the following statements are true and accurate:

1. I am a United States citizen or a permanent resident alien.
2. I am making this contribution from my own funds, and not those of another.
3. I am not a federal contractor.
4. I am making this contribution with my own personal credit card and not with a corporate credit card or a credit card issued to anyone else.
5. I am at least 18 years of age.

*Your Signature: _____