

CONTRIBUTION FORM

Please include this completed form with a check payable to:

Citizens for David Oh
1818 Market Street, 13th Floor
Philadelphia, PA 19103

Your contribution cannot be accepted if any part of this form is left blank.

CONTACT INFORMATION

NAME: _____

ADDRESS: _____

(City) (State) (Zip/Post) (Country)

EMAIL: _____ PHONE NUMBER: _____

LEGAL COMPLIANCE

All contributors must confirm that the following statements are true and accurate. Your contribution cannot be accepted unless these boxes are checked. If you are not able to affirmatively answer each question, you are not eligible to contribute.

- I am making this contribution with my own personal funds, and I am not using funds provided by another person or funds that come from any corporation (wherever incorporated), labor union, national or state bank, or unincorporated association to make this contribution.
- I am making this contribution on my own personal credit card and not with a corporate or business credit card or a credit card issued to anyone else.
- I am at least 18 years of age.
- I am a United States citizen or a permanent resident alien.
- I verified that all of the above statements apply to me.

AMOUNT

The limit for City Council At-Large is \$2,600 personal contribution and \$10,600 Political Action Committee contribution.

Amount: _____

EMPLOYMENT

Contributors are required to include the name of their employer, their employer's address and their occupation. If you are self-employed please indicate that, and include your occupation and the address of your business. If you are not employed enter "None" on the employer and occupation lines.

EMPLOYER: _____

EMPLOYER ADDRESS: _____
(City) (State) (Zip/Post) (Country)

OCCUPATION: _____