

**Donor Form**

Your contribution has never been more important. We rely on your support, and only your support to keep our headquarters open, hold Democratic events, and pay our operating costs. And a fact that many people don't know -- we get no financial support from the National Democratic Party, the State Democratic Party, or any other source. Local Democrats support the local party. Another fact, every person is a volunteer! There are no paid staff affiliated with the Democratic Party of Collin County. We keep our operating costs as low as possible so we can turn every dollar into Democratic success!

Name: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

City: \_\_\_\_\_ Precinct: (If Known): \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Amount: \_\_\_\_\_ If monthly, will you:  Mail the check to office  Credit Card  Bank Draft

<p>I confirm that the following is true and correct, and authorize this monthly pledge:</p> <ul style="list-style-type: none"> <li>• I am at least 18 years old</li> <li>• I am a United States Citizen or a permanent resident alien</li> <li>• This contribution is not made from the general treasury funds of a labor organization or corporation (including professional corporations).</li> <li>• The funds I am donating are not being provided to me by another person or entity for the purpose of making this contribution.</li> </ul>	<p>Donor's Signature: _____</p> <p>Date: _____</p>
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**Credit Card or ACH Authorization**

By completing the information below, I (we) hereby authorize The Democratic Party of Collin County to initiate entries from the credit card or bank draft as indicated below. This authority will remain in effect until The Democratic Party of Collin County is notified by me (us) in writing to cancel it in such time as to afford The Democratic Party of Collin County reasonable opportunity to act upon it.

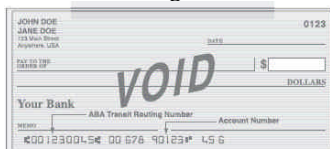
**Credit Card Information**

Type:  MC  Visa  American Express  Discover  
Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
CCV (3 digit code on back of card): \_\_\_\_\_

**ACH Bank Draft (For Direct Drafts)**

**Drafts are done on the 3<sup>rd</sup> day of each month. This is our preferred method because the fees are the lowest.**

Name of Financial Institution: \_\_\_\_\_  
Address of Financial Institution: \_\_\_\_\_  
Checking/Savings Account #: \_\_\_\_\_  
For a checking account, attach a VOIDED check; for savings, attach a withdraw slip.



Your information is kept confidential and processed only by the Treasurer or designate.  
Public acknowledgement of Sustaining Donors via the website is our standard practice unless you request otherwise.  
Questions? Contact Doloris Lajoie, Treasurer at [dpcc-treasurer@collindems.us](mailto:dpcc-treasurer@collindems.us) or by phone to 972-578-1483.