



CONTRIBUTION FORM

*Yes! I would like to help by donating to
Yes on Prop 6 - Repeal the Gas Tax Committee*

I would like to support at the following amount \$_____

*Full Name (should match name/account holder on check or credit card)

Donor is an individual: Occupation _____, Employer _____

Donor is a business or other entity: Name of Individual Authorizing Contribution _____

Work phone

Cell phone

Home phone

Email

Assistant's Email

*Address (Street address only, no PO Box)

City

State

Zip

Signature

Please Make Checks Payable and Mail:
Yes on Prop 6 - Repeal The Gas Tax
5701 Lonetree Blvd, Suite 301
Rocklin, CA 95765

CREDIT CARD CONTRIBUTIONS

Card #: _____ Exp. Date: _____ CVV: _____

Billing Zip: _____ Name of Cardholder _____

For Questions: Yes on Prop 6, Repeal the Gas Tax at 916.426.9177

Paid for by Yes on Prop 6, Repeal the Gas Tax
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California Republican Party
Walters for Congress and Making Investments Majority Insured PAC
Kevin McCarthy for Congress
Funding details at www.fppc.ca.gov

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