

General Information

Last Name*: _____ First Name*: _____ M.I.: _____

Mailing Address*: _____ Phone (H)*: (_____) _____ - _____

 (Mailing Address)* Occupation***: _____

_____, NC _____ Employer***: _____
 (City)* (Postal Code)*

Yes No: Is this donation from your personal funds?*

Amount of Donation: \$10 _____ \$25 _____ \$50 _____ \$100 _____ \$250 _____ \$500 _____
 \$1,000 _____ \$2,500 _____ \$4,000 _____ Other: \$ _____

**NC State Campaign Finance Notice
 (Please Read Carefully)**

North Carolina State law prohibits anonymous donations; all donations must be accompanied by at least the donor's name and mailing address. Political committees are required by law to report the name, mailing address, occupation and employer of each individual whose contributions exceed \$50 in an election cycle. Political Committees are prohibited from accepting donations in excess of \$50 in cash; donations that exceed \$50 must be made by check, money order, debit or credit.

Contributions are not tax deductible. NC State law prohibits corporate gifts. Maximum contributions of \$4,000 per person per election cycle are allowed.

Comments **Send Form To:**

ATTN: Treasurer
 Constitution Party of North Carolina
 7209-J East W.T. Harris Blvd. #119
 Charlotte, NC 28227

Signature*: _____ **Date*:** _____

By signing above I attest that the information provided on this form is true and accurate to the best of my knowledge and that my donation is from my own personal funds.

* Required Field.
 ** Required Field if your donation exceeds \$50.00.