

Humboldt Coalition for Community Rights (HCCR)

CONTRIBUTION FORM

Please fill out this form completely and include it with your donation so that we can meet state reporting requirements.

Donations over \$25 require your full name, phone number and street address (not a PO Box) and donations over \$99 require all of the above plus occupation and employer information. All donations over \$99 must be made by check (not cash or money order). Donations to this campaign are not tax-deductible.

YES! I wish to support this local campaign. I will donate (circle):

\$500 \$250 \$100 \$50 \$25 \$10 ____ other

Name: _____

Street Address (Residence): _____

City, State, Zip: _____

Occupation: _____

Employer: _____

Home Phone: _____ Work: _____

Cell: _____ Email: _____

YES! You can use my name publicly as an endorser.

(Please write out how you wish to be identified):

YES! I would like to volunteer. Please call me.

Signature

Date

Please mail your check and completed form to:

HCCR

PO Box 1334, Eureka CA 95502-1334

Thank you for your support!