

Cheryl Smith for Virginia

for families, for education, for our communities

CAMPAIGN DONATION FORM

Email address: _____

First Name _____ Last Name _____

ADDRESS

Number, Street, Apt. _____

City _____ State _____ Zip Code _____

Country _____ United States

EMPLOYMENT

Campaign finance law requires us to collect contributor information, including employment. If you are **self-employed**, enter your own name as your employer.

☐ I am retired or currently unemployed

Occupation _____ Employer _____

Number, Street, Apt. _____

City _____ State _____ Zip Code _____

Country _____ United States

Please make checks payable to:

Friends of Cheryl Bubeck Smith

Mail your donation to:

PO BOX 6144

Virginia Beach, VA 23456