



# Donation Form

## 1. Contact & Employment Information (\*Required by state law)

Name:					
Address:					
City:		State:	AL	Zip:	
County:					
Phone:					
Email:					
Occupation:					
Employer:					

## 2. Acknowledgement (you must check and acknowledge all)

- I am a citizen of the United States or have permanent resident status.
- I am not a federal government contractor.
- I am making this contribution out of my own personal funds – not out of corporate, national bank, or labor organization funds.
- I am not making this contribution on behalf of another person or entity.

## 3. Donation

Enclosed is the amount of: \$\_\_\_\_\_

**Make checks payable to: Alabama Constitution Party**

## 4. Sign, Date, and Mail

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail this completed form along with your payment to:

Alabama Constitution Party  
P.O. Box 241505  
Montgomery AL 36124

*If you prefer to make your donation electronically please visit our web site at <http://www.cpalabama.org/>*

**Thank you for your generous donation!**

Because the Constitution Party works on behalf of candidates seeking elective office, contributions are not tax deductible. Maximum contributions of \$26,700 per person, per year are allowed. Corporate contributions are prohibited.