

PEGGY MCQUAID FOR CITY COUNCIL 2024
DONATION FORM

Name _____

A check is enclosed for the following amount: \$300 \$200 \$150 \$99 \$50 \$25
Other \$ _____

This information is required by law for any donation of \$100 (cumulative) or more and your name and occupation will be listed on public campaign documents:

Address _____

City _____ State _____ Zip _____

Occupation _____

Employer _____

If you are self-employed, please list the name of the entity that is on your paycheck. Please enter the type of business.

Contributions are not tax deductible.

Contributions must be made from personal funds, and may not be made or reimbursed, directly or indirectly, on behalf of any other person.

I confirm that the following statements are true and accurate:

- I am not a foreign national who lacks permanent residence in the United States.
- This contribution is made from my own funds, and not those of another.
- I am at least eighteen years old.

I want to do more to help and will

- Distribute literature
- Display a yard sign (address) _____
- Endorse – Please list my name(s) as shown _____

THANK YOU!

Please mail this form and check made out to “Peggy McQuaid for City Council 2024” to Mark Priven, 1511 Marin Ave. Albany CA 94706

PAID FOR BY Peggy McQuaid for City Council 2024 | FPPC ID# 1470090