

Donation Form



Donor Information (please print or type)

Name _____
Billing address _____
City, ST Zip Code _____
Phone 1 | Phone 2 _____
Email _____

Donate Information

I (we) donate a total of \$ _____ to be paid: now (One-time) OR monthly *Credit Card Only*

If monthly: (\$ _____ to be contributed on _____ (Day of Month) for _____ months).

I (we) plan to make this contribution in the form of: cash check credit card other.

Credit card type | Exp. date _____

Credit card number _____

Authorized signature _____

Signature(s)

Date

Please make checks payable to:

Applegate For Office
P.O. Box 1578
New Albany, IN 47151-1578

Thank you for your support,

A handwritten signature in black ink, appearing to read "Jason Applegate".