

**LONG BEACH REFORM COALITION P.A.C.
(ID# 1409361)**

CONTRIBUTION FORM

The following information is required by California State laws for **all** contributions.
We are **prohibited** from depositing any check without this information.

Name: _____

Street Address: _____

City/State/Zip Code: _____

Occupation: _____

Employer: _____

If Self-Employed, nature of business: _____

If Political Action Committee, ID number: _____

Amount of Check: \$ _____

This information is optional for reporting purposes:

Home Phone: _____ Business Phone: _____

Personal _____ **Business** _____

CREDIT CARD INFORMATION (if not mailing check)

*BOTH SECTIONS MUST BE COMPLETED FOR CREDIT CARD CONTRIBUTIONS.
PLEASE PRINT CLEARLY

Name on Card: _____

Address on Bill: _____

Card Number: _____ 3or 4 Digit Code: _____

Expiration Date: _____

Amount: \$ _____

Signature: _____

Master Card ____ **VISA** ____ **American Express** ____ **Discover** ____

Personal _____ **Business** _____

Please make checks payable to: **LONG BEACH REFORM COALITION P.A.C.**

MAIL TO: LBRC, 407 E. 3rd Street, Long Beach, CA 90802

Corporate and individual contributions are accepted ~ Contributions to this committee are not considered charitable contributions for income tax purposes.

There is no contribution limit for political action committees.

* (optional) Please provide email address: _____