



**Coalition for
Progressive Policies**

11051 WATKINS CT, SAN DIEGO, CA 92131
PROGRESSIVEPOLICIES.ORG • CONTACT@PROGRESSIVEPOLICIES.ORG

CONTRIBUTION FORM

PLEASE SEND THIS FORM WITH YOUR CHECK MADE OUT TO:

**COALITION FOR PROGRESSIVE POLICIES
11051 WATKINS CT, SAN DIEGO, CA 92131**

First Name:

Last Name:

Address:

City:

State: Zip:

Email:

Day Phone:

Legal Compliance

I confirm the following statements are true and accurate:

1. I am a U.S. citizen or lawfully admitted permanent resident.
2. I am not a Federal government contractor.
3. This contribution is made from my own funds, and not those of another.
4. I understand that it is unlawful for a contributor to be reimbursed by any individual, organization, business, or similar entity for a contribution.
5. I am at least eighteen years old.

Employer Information

To comply with Federal law, we must use our best efforts to obtain, maintain, and submit the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in an election cycle.

If not employed, enter “none” for both.

Employer:

Occupation:

Signature:

Please print this form out and sign it in ink. Digital signatures are not accepted.

Contributions cannot exceed \$5,000 per individual per year. Any amount in excess of this limit will be returned.