

**S.C. CONSTITUTION PARTY CONTRIBUTION FORM**

Web Site: [www.sconstitutionparty.com](http://www.sconstitutionparty.com)

To: Treasurer  
S.C. Constitution Party  
P.O. Box 25055  
Greenville, SC 29616

Yes, I want to contribute to the mission of the S.C. CP in restoring American jurisprudence to its Biblical foundations and to limit the federal government to its Constitutional boundaries.

Enclosed is my check for \$ \_\_\_\_\_

Type of contribution:

- One time  
 Monthly  
 Quarterly

Please enter the following information as required by Federal and /or South Carolina Election Laws. Items marked with \* are required.

\*First Name \_\_\_\_\_ \*Last Name \_\_\_\_\_

\*Street Address \_\_\_\_\_ \*City \_\_\_\_\_

\*State \_\_\_\_\_ \*ZIP \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

\*Employer \_\_\_\_\_ \*Occupation \_\_\_\_\_

Due to Federal regulations the following must all be checked as true.

- 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.

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date