

S.C. CONSTITUTION PARTY CONTRIBUTION FORM

Web Site: www.sconstitutionparty.com

To: Treasurer
SC Constitution Party
P.O. Box 1757
Taylors, SC 29687

Yes, I want to contribute to the mission of the SCCP in restoring the principles of the Founding Fathers as specified in the Declaration of Independence and the limited form of federal government as documented in the United States Constitution.

Enclosed is my check for \$ _____ payable to the Constitution Party of SC

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 _____ E-mail _____

*Employer _____

*Occupation _____

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

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 band, or labor organization funds.

I am not making this contribution on behalf of another person or entity.

Signed Date