



Mount Olive Democratic Committee  
PO Box 159  
Flanders, NJ 07836

## SUPPORTER INFORMATION FORM

### SECTION 1: SUPPORTER CONTACT INFORMATION

NAME	
ADDRESS 1	
ADDRESS 2	
TOWN	
ZIP CODE	
EMAIL	
MOBILE PHONE	

### SECTION 2: EMPLOYER INFORMATION (For Election Law Compliance)

OCCUPATION/TITLE	
EMPLOYER NAME	
ADDRESS 1	
ADDRESS 2	
TOWN/CITY	
ZIP CODE	

#### Contribution rules

1. I am at least eighteen years old.
2. This contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution.
3. I am making this contribution with my own personal credit card and not with a corporate or business credit card or a card issued to another person.
4. I am a U.S. citizen or lawfully admitted permanent resident (i.e., green card holder).

*Please return this form with your check payable to "Mount Olive Democratic Committee" to the address above.*

*Thank you for supporting our efforts to improve our community!*