

**FRIENDS OF MARILYN BALCOMBE**

Contribution Type [ ]  Check [ ]  Credit Card

Amount $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (maximum is $250)

Contributor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Home Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City / State / Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Montgomery County Resident (Circle) Yes No

Optional: Tel. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  I understand that State law and County regulations requires that a contribution be in my name be from my own funds. I hereby affirm that this contribution is being made from my personal bank account or credit card, billed to and paid by me for my personal use, and has no corporate or business affiliation.

[ ]  FOR RESIDENTS OF MONTGOMERY COUNTY, MD: I certify that I am a resident of Montgomery County Maryland.

SIGN HERE 🡪

Contributor’s Signature Date of Contribution

SEND CHECKS TO: Friends of Marilyn Balcombe

 13518 Ansel Terrace

 Germantown, MD 20874

CREDIT CARDS: ***www.marilynbalcombe.com***

*Friends of Marilyn Balcombe, Kathy Stevens, Treasurer*