



Contribution Information

Amount of Contribution: \$ _____

I am contributing by (circle): **Check** **Credit Card** (Visa, MasterCard, American Express, Discover)

Make checks payable to: **Friends of Elizabeth Fiedler**

Credit Card Number _____ Expiration _____ CSV _____
Example: 04/21

Contributor Information required fields indicated with an asterisk (*)

Name*: _____
As it appears on your credit card

Address*: _____
The billing address associated with your credit card.

City* _____ State* _____ Zip Code* _____

E-Mail Address _____

Phone: Day _____ Evening _____

This information is required by law:

Occupation* _____ Employer* _____
If you are retired or do not work outside the home, state that here.

Employer Address* _____ City _____ State _____ Zip _____

I certify that:

1. I am a U.S. citizen or lawfully admitted permanent resident (i.e., green card holder).
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 at least eighteen years old.

By signing below, I affirm that I am making this contribution in accord with the legal requirements outlined on this page.

Contributor Signature* _____ Date _____

Mail this form and your contribution to:

**Friends of Elizabeth Fiedler
P.O. Box 2468
Philadelphia, PA 19147-6316**

Contributions can also be made securely online at <http://elizabethfiedler.com>.

Paid for by Friends of Elizabeth Fiedler

Contributions are not deductible as charitable contributions for Federal income tax purposes.