

Dat	E:		

	ecks accepte	ed made payable to	: Missaukee (
Name:				email:			
Address:	(Stre	eet)		phone: ()		
	(City)	, (State)	(Zip Code)	_			
Occupation:			emp	employer:			
			(City)		(State) (Zip Code)		
Please check a	ll areas you'c	I like to help with or	become invol	lved:			
Display De	mocratic Car	ndidate Yard Signs					
Attend Loc	al Missaukee	e County Democrati	c Committee I	Meetings			
Receive in	formation on	becoming member	of Michigan D	emocratic Party			
	formation and ratic Commit	d attend local fund i tee	raising events	hosted by the M	lissaukee County		
Other:							
Thank You for your contribution toward the Missaukee County Democratic Committee. The above information will not be shared or distributed without your approval. Information requested is in compliance with the Michigan Election Records Tracking System (MERTS). DONATION ALLOCATION:							
State Acco	ount	_Administrative Acc	ount	_50/50 Split	Where needed		