

# YES! I support Friends of Jim Oberstar



Enclosed is my check for \$ \_\_\_\_\_ (or credit card data below)

Please designate which election cycle, either  Primary or  General you wish to have your contribution credited.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Office Phone: (\_\_\_\_\_) \_\_\_\_\_

Fax: (\_\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Employer\*: \_\_\_\_\_

Occupation\*: \_\_\_\_\_  Please check if self-employed\*

Please make checks payable to: Friends of Jim Oberstar

For Credit Cards--See Below

\*Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed \$200 in a calendar year. Contributions are not deductible for Federal income tax purposes. Corporate checks and cash are prohibited by F.E.C. Law.

## We Are Pleased To Accept



Check One:  MasterCard  VISA

*Please fill in the information below.*

\_\_\_\_\_   
 Account Number

Mo. \_\_\_\_\_ Yr. \_\_\_\_\_   
 Expiration Date

\_\_\_\_\_   
 Cardholder Signature

\$ \_\_\_\_\_   
 Amount Date

\_\_\_\_\_   
 Please Print Name