



DONATION BY MAIL

Name: _____

Home Address: _____

City: _____ **State:** _____

Name of Employer: _____

Occupation: _____

(if you are retired fill in retired)

Phone: _____ **Email:** _____

(if there is no email leave blank)

Yes George I want to help! Enclosed is my donation of:

\$2300 ____ **\$1500** ____ **\$500** ____ **\$100** ____ **\$50** ____ **\$25** ____

Other: _____ Make check payable to: **Friends of George Silva**

Mail check to: 12 Nino Court, Clifton N.J. 07013

I like to help in other ways too:

Host a small event in my home ____

Help make telephone calls ____

Put up a yard sign ____

Distribute literature door to door ____

Volunteer at campaign headquarters ____

Use my name on a list of **Friends of George Silva** Supporters ___Yes or No ___

Signature: _____

All information is required by the Passaic County Board of Election