

Date Filed: _____



**** NAME:**

_____ Please provide your full name; do not use acronyms in place of your full name.

It is assumed that each check represents a contribution from the one individual signing the check even if there is more than one name imprinted on the check.

You may specify that the contribution represents two or more contributions from a jointly held checking account either by indicating on the memo line of the check or in a separately attached letter with your check. Please complete this form for each contributor as a separate record will be maintained for every contributor.

This contribution qualifies for up to \$50.00 Oregon State Tax Credit for a single taxpayer or up to \$100.00 Oregon State Tax Credit for jointly-filed taxpayers.

****Denotes required fields by Oregon Election Laws. Anonymous Contributions are NOT allowed.**

**** ADDRESS:**

_____ Street number and name or PO Box #

_____ City State Zip Code

**** OCCUPATION:**

_____ Include the nature of your primary occupation e.g. contractor, lawyer, nurse, realtor, etc. If you are a student, retiree, volunteer, homemaker or are unemployed enter 'None'. If you are self-employed enter 'Self-employed'.

**** EMPLOYER INFORMATION:**

(f you are employed by another person or company please complete the following:

_____ Name of the person or company that employs you

_____ Employer: Address, City, State & Zip Code

**** AMOUNT OF CONTRIBUTION: \$** _____

Please make payable to: "Citizens for SSOS" Mail to: PO Box 14 - Banks OR 97106

PHONE: _____

EMAIL: _____

THANK YOU FOR YOUR HELP IN SUPPORTING THE 2011 BANKS SCHOOL BOND!

CASH: \$ _____ **CHECK AMT: \$** _____ **CHECK #:** _____ **RECEIPT#:** _____