



Campaign Contribution Form

Name: _____ Amount: \$ _____

Address: _____

Phone: _____ (optional)

Email: _____ (optional)

Occupation: _____ (required)

By my signature below, I attest that I am a US citizen or permanent resident at least 18 years of age, and that I make this contribution freely on behalf of myself and not for some other entity.

Signature: _____ Date: _____

Please print and mail this form, along with your check, to:
Piedmont-Smith for City Council
PO Box 1163
Bloomington, IN 47402

Thank you for your support!

If you have any questions, please email the campaign at piedmontsmith4council@gmail.com.