

# Friends of Gina Raimondo Contribution Form

You may also visit [www.ginaraimondo.com](http://www.ginaraimondo.com) to make an online contribution

Enclosed is my check in the amount of: \$ \_\_\_\_\_

I wish to charge my contribution to my personal credit card: \$ \_\_\_\_\_

Visa       American Express       Mastercard

Name on Card: \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

## *Checks should be made payable to Friends of Gina Raimondo*

The following information is required by law:

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

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

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

If self-employed, please state business name: \_\_\_\_\_

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

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

Work phone / Fax: \_\_\_\_\_

I confirm that I am a United States citizen or a permanent resident alien

Please mail this reply to:  
Friends of Gina Raimondo  
P.O. Box 40794  
Providence, RI 02940

Please direct any questions to [Kate@GinaRaimondo.com](mailto:Kate@GinaRaimondo.com)

Rhode Island State Law prohibits the acceptance of any corporate or business checks for campaign contributions. Only individuals and Rhode Island registered State PACs may contribute. Rhode Island State Law also requires contributors to note place of employment. If self-employed, please list business name. Please do not leave blank or enter "N/A". Contributions to the Friends of Gina Raimondo are limited to \$1,000 per person per calendar year, and are not tax-deductible for federal income tax purposes.