



Ready to Serve as
Your Voice for Jobs



YES! I want to support Rick Olson for State Representative by contributing:

(Circle one): \$500 \$250 \$100 \$50 \$25 Other \_\_\_\_\_

The maximum contribution allowed is \$500 per person (\$1000 per couple with each person making a \$500 donation).

Contributions in any amount are greatly appreciated! Corporate donations are prohibited.

Name: \_\_\_\_\_
First M.I. Last

Address: \_\_\_\_\_
Street Address City State Zipcode

E-mail: \_\_\_\_\_ (a receipt will be sent to this address, if address is available)

Home Phone: \_\_\_\_\_ Work/Cell Phone: \_\_\_\_\_

Campaign finance law requires that we ask and report the following:

Occupation: \_\_\_\_\_ (if not employed, please enter "none"; if self-employed, please enter "self")

Employer: \_\_\_\_\_ Business Address: \_\_\_\_\_

By checking this line, I confirm that the following statements are true and accurate:

- 1. I am a United States citizen or a permanent resident alien.
2. The contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution.
3. I am making this contribution with my personal credit card and not with a corporate or business credit care or a card issued to another person. (applicable if choose Options 2 or 3 below)
4. I am not a federal contractor.
5. I am at least 18 years old.

Option 1: Donate by check:

Enclosed is my contribution. Please make checks payable to "Rick Olson - The Voice for the People".

Mail to Rick Olson - The Voice for the People, 525 Judd Road, Saline, MI 48176.

Option 2: Pay by Credit Card:

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_/\_\_\_\_ Card Verification Number: \_\_\_\_\_

Be sure the name entered above is as it appears on the credit card. (the 3 digit number on the back of the card)

(The Donation will appear on your credit card statement as www.DonationPages.com.) This form may be sent by FAX to 800-794-1346.

Option 3: Make Monthly Contributions by Credit Card (enter credit card information above)

Monthly amount: \$ \_\_\_\_\_ When to start: \_\_\_\_\_, 2010 Number of months: \_\_\_\_\_

I authorize this/these charges.

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

I'd like to help in other ways. You can count on me to . . .

- Place a yard sign in my yard Contact friends for support Make telephone calls
Help with events Host a "meet and greet" Write Letters to the Editor
Distribute literature door-to-door Help with fundraising Help prepare campaign mail

Thank You!