



DONATION FORM

Please complete ALL the below information and mail your check payable to:

The Committee to Elect Evandro C. Carvalho, P.O. Box 255590, Boston, MA 02125

Contact Information:

Name: _____

Address: _____

City: _____ State: MA Zip Code: _____

Telephone: _____

Email Address: _____

Occupation: _____

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Enclosed is my check in the amount of \$ made payable to the Committee to Elect Evandro Carvalho. I confirm that the following statements are true and accurate:

1. I am a United States citizen or a permanent resident alien.
2. I am making this contribution from my own funds, and not those of another.
3. I am at least 18 years of age.

Signature: _____

Massachusetts Campaign Finance Regulations:

- Massachusetts law requires that we request the name and address of each donor.
- For contributions of \$200 and above, we are required to report your occupation and employer
- Contributions are limited to \$500 per candidate per calendar year (\$200 for registered lobbyists)
- Corporate checks cannot be accepted under state law.
- Campaign contributions are not tax deductible.

AUTHORIZED BY THE COMMITTEE TO ELECT EVANDRO C. CARVALHO