# **DONATION FORM** Let's Support Tom Boyd!

Give what you can to help Tom bring thoughtful, lasting solutions to the Eagle County Board of Commissioners. Your contribution will benefit Tom Boyd.

Please fill out this form and mail it, along with your check, to the address below. Or, skip the form and donate online.

### **Your Pledge**

- I PLEDGE TO VOTE for Tom Boyd in the Democratic Primary March 5, 2024.
- I would like to volunteer for the campaign to elect Tom Boyd.

# NI

DONATE



| Choose Your Amount |              |  |  |  |
|--------------------|--------------|--|--|--|
| <b>\$25</b>        | <b>\$500</b> |  |  |  |
| <b>\$50</b>        | \$1000       |  |  |  |
| <b>\$250</b>       | <b>\$</b>    |  |  |  |

#### **Contribution Rules:**

## **Your Information**

| NAMEADDRESS                                                                |                                                                                                                        | 1. | Total individual contribution limit<br>is \$2,850 (\$1,424 for primary<br>election + \$1,425 for the general<br>election).                                               |
|----------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|----|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                            |                                                                                                                        | 2. | l am at least eighteen years old.                                                                                                                                        |
| STATE  ZIP CODE    PHONE     EMAIL     Please email me the latest updates. |                                                                                                                        | 3. | This contribution is made from<br>my own funds, and funds are not<br>being provided to me by another<br>person or entity for the purpose<br>of making this contribution. |
|                                                                            |                                                                                                                        | 4. | I am a United States citizen.                                                                                                                                            |
| OCCUPATION*                                                                |                                                                                                                        | 5. | This contribution is not from a corporation or labor union.                                                                                                              |
| EMPLOYER*                                                                  |                                                                                                                        |    |                                                                                                                                                                          |
| * Required                                                                 |                                                                                                                        |    |                                                                                                                                                                          |
| By Check                                                                   | By Credit Card                                                                                                         |    |                                                                                                                                                                          |
| Please make your check payable to:<br>Committee to Elect                   | If paying by credit card, please fill in the following to charge your credit card and mail to the address at the left. |    |                                                                                                                                                                          |
| Tom Boyd for Eagle County                                                  | American Express MasterCard Visa Discover                                                                              |    |                                                                                                                                                                          |
| <b>MAIL</b> your check along with this form to:                            | Card Holder Name                                                                                                       |    |                                                                                                                                                                          |
| Committee to Elect                                                         |                                                                                                                        |    |                                                                                                                                                                          |
| Tom Boyd for Eagle County<br>PO Box 128<br>Edwards, CO 81632               | Card Number                                                                                                            |    |                                                                                                                                                                          |
|                                                                            | Expiration Date                                                                                                        |    | CVV#                                                                                                                                                                     |
|                                                                            |                                                                                                                        |    |                                                                                                                                                                          |

e: tom@tomboydforeaglecounty.com | w: tomboydforeaglecounty.com

THANK YOU!

Paid for by the Committee to Elect Tom Boyd For Eagle County Registered Agent Joy Harrison.