



CALIFORNIA AGAINST SLAVERY DONATION FORM

Name: _____

Resident Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ E-Mail: _____

Enclosed is my donation, in the amount of:

_____ \$1,000 _____ \$500 _____ \$100 _____ \$50 Other \$ _____

To comply with California law, we must obtain and submit the occupation and employer for individuals who contribute to the campaign. In some cases, **without this information we will be forced to refund your contribution.** Please do not leave blank or enter "N/A".

Occupation: _____ Employer: _____

If not employed, please enter "not employed".
Complete even if self-employed.

If not employed, please enter "none".
California law requires self-employed individuals to
provide the name of your business.

I confirm that the following statements are true and accurate:

- I am 18 years of age or older.
- I am a United States citizen or a permanent resident alien.
- This contribution is not made from the general treasury funds of a corporation, labor organization or national bank.
- This contribution is not made from the treasury of an entity or person who is a federal contractor.
- The funds I am donating are not being provided to me by another person or entity for the purpose of making this contribution.

Signature

Date

NOTE: California Against Slavery contributions are completely voluntary and **NOT** tax deductible. Any contribution \$100 or greater will be publicly reported. Per California law, if you choose to make a contribution, you must complete the following information above: Your Name, Occupation, Employer, and Resident Address.

Complete this form along with your check payable to **California Against Slavery** and mail to:

California Against Slavery
Attn: Treasurer
P.O. Box 7057
Fremont, CA 94537