



for **County Commission**

Countywide (District 5)

Mariella Smith Campaign

MariellaSmith.com

vote@mariellasmith.com

P.O. Box 89723, Tampa FL 33689

(813) 314-7570

Donation Form

Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Work Phone _____

Email _____ Occupation _____

Campaign finance law requires us to record your occupation.

Check here if you are retired or not employed

Please return this form and make contributions payable to:

Mariella Smith Campaign

P.O. Box 89723

Tampa, FL 33689

Enclosed is my check for:

\$1000 \$500 \$250 \$100 \$50 \$25 Other \$ _____

The maximum contribution under Florida law is \$1,000 per person or business, per each election cycle (primary or general election).

To contribute by credit card visit MariellaSmith.com, or fill in below:

Please charge this amount: _____

to my credit card: Visa Mastercard American Express Discover

Name on Card _____

Card Number _____

Expiration Date _____ Security Code _____

Please make sure address entered above is the billing address on the card.

Authorized Signature _____