

Friends of Sylvester Salcedo Contribution Form

Personal Information					
First and Last Name					
Address					
City			Stat	e	Zip
Home Phone					
Cell Phone	-				
Email	-		_ 🗆 sign	up for en	nail updates
Employer					
Occupation					
Federal regulations require If you are retired, please If a homemaker, please e If self-employed, please e	enter N/A under Employe nter N/A under Employer	er and Retired under and Homemaker	er Occup under O	oation ccupation	of work under Occupation
Contribution Amount					
□ \$1 □ \$5	□ \$10	□ \$50	□ \$1	00	
□ \$250 □ \$500	0 🗆 \$1,000	□ \$2,500	□ ot	her	
Eligibility Confirmation					
☐ <u>I confirm that the foll</u>	owing statements are t	true and accurate	<u>e:</u>		
 I am at least eightee I am not a federal g This contribution is This contribution is not made either on 	s citizen or permanent of the years old. overnment contractor. made from my own fur made on a personal che a corporate or business not made from the ger	nds and not prov eck for which I has s entity check or	ave the on the	legal oblig check of a	gation to pay, and is nother person.
Federal regulations require name of employer of indiv contributions from an indi	iduals whose contribution	ns exceed \$200 pe	r electio		

Please send your check and this completed form to:

Friends of Sylvester Salcedo 602 North Avenue, 2nd Floor Bridgeport, CT 06606