



## Campaign Contribution Form

Michigan law requires that we ask for the following information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, & Zip: \_\_\_\_\_

Phone (optional): \_\_\_\_\_

Please make check payable to:  
*David Anderson for Kalamazoo City Commission Committee*

I would like a yard sign to show my support for David Anderson.

If your contribution is more than \$100, please include the following information:

Employer: \_\_\_\_\_

Employer's address: \_\_\_\_\_

Paid for by:  
David Anderson for Kalamazoo City Commission Committee  
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Kalamazoo, MI 49001  
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