

CONTRIBUTION CARD – NEIGHBORS FOR CHRISTIANA RIGBY

(The contributor should complete and review the card in its entirety.)

Public Financing Committee Name: Neighbors for Christiana Rigby

Contribution Type: Check Cash Amount \$: _____ (\$250 max.)

Contributor Name: _____

Home Address: _____

City/State/Zip: _____

County of Residence: _____ Occupation: _____

Telephone: _____ Email: _____

For residents of Howard County, Maryland: I certify that I am a resident of Howard County, Maryland.

Attestation:

By signing my name below, I hereby certify the following:

- I understand that State law and County regulations requires that a contribution be in my name and be from my own funds. I hereby affirm that this contribution is being made from my personal funds, is not being reimbursed in any manner, and is not being made as a loan.
- This contribution is not being made from the funds of a business entity, political action committee, labor organization, or other organization or group.
- I understand that because Christiana Rigby is participating in Howard County’s public campaign finance program, I may not contribute more than \$250 to her campaign during the four-year cycle running from January 1, 2019 through December 31, 2022.

Contributor’s Signature

Date of Contribution

PLEASE MAIL CHECKS TO:
Neighbors for Christiana Rigby
9628 W Window Way
Columbia, Maryland 21046

MAKE CHECKS PAYABLE TO:
Neighbors for Christiana Rigby