

DONOR ATTESTATION FORM

Donor Name: _____ (bold text = required)
Home Address: _____
Phone: _____ Email: _____
Employer: _____ Employer City/State: _____ <input type="checkbox"/> Not employed
<input type="checkbox"/> I live in the City of Portland. <input type="checkbox"/> I DO NOT live in the City of Portland
Candidate Receiving Donation: _____ Amount: _____ Date: _____
Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Credit/Debit Card <input type="checkbox"/> Cash <input type="checkbox"/> Money Order

By signing this form, I attest that I am 18 years of age or older, that I am allowed to contribute to political campaigns in the United States (per federal law, either a citizen or a lawful permanent resident), and that I have contributed my own personal funds and that compensation was not given to me to make this contribution.

Donor Signature _____ **Date** _____

Check this box if the donor is unable to sign due to a disability.