



# Karen Mallard

## CHECK CONTRIBUTION FORM

### PERSONAL INFORMATION

Full Name: .....

Street Address: .....

City: .....

State: ..... Zip: .....

Phone Number: .....

Email Address: .....

### EMPLOYMENT INFORMATION

Occupation: .....

Employer: .....

Employer Address: .....

City: .....

State: ..... Zip: .....

Please make checks payable to: **“Karen Mallard for Delegate”**

Mail to: P.O. Box 6528, Virginia Beach, VA 23456

Please include **“Sister District Project”** in the memo.

### CONTRIBUTION LIMIT

There are no contribution limits in Virginia, but you still must report your contributions. Contributions to candidates and political committees are not tax deductible.