



SISTER DISTRICT  
PROJECT

# Cindy Polo

## 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: **“Cindy Polo for State Representative”**

Mail to: PO Box 277896, Miramar, FL 33027

Please include **“Sister District Project”** in the memo. To make a donation, you must be a U.S. citizen or lawfully admitted permanent resident.

### CONTRIBUTION LIMIT

The contribution limit in Florida is \$1,000, and you must report your contributions. Contributions to candidates and political committees are not tax deductible.