



SISTER DISTRICT
PROJECT

Coral Evans

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: **“Coral 4 AZ”**

Mail to: 518 S O’Leary, Flagstaff, AZ 86001

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 Arizona is \$5,200 for each two year cycle. You must report your contributions. Contributions to candidates and political committees are not tax deductible.