



Lashrecse Aird

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: **“Aird for Delegate”**

Mail to: P.O. Box 3943 Petersburg, VA 23805

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.