

Shirley Murphy

Grossmont Healthcare District

CAMPAIGN REMIT FORM

Enclosed is my contribution of: \$1,000 \$500 \$250 \$100 \$99 or \$ _____

NO LIMIT for CAMPAIGN CONTRIBUTIONS. ANY AMOUNT IS APPRECIATED.

Please make check payable to:

Friends of Shirley Apple Murphy

Please enclose check, complete this contribution form & mail to address below.

I will help Shirley by:

- Making telephone calls for Shirley
- Posting a yard sign
- Sending postcards to friends
- Hosting a Fundraiser

Yes! I support Shirley Apple Murphy for Grossmont Healthcare District / Board Member

You may use my name as a supporter. _____
(signature)

SHIRLEY MURPHY REMIT CONTRIBUTION FORM

California State law does not limit the amount of campaign contributions for the Grossmont Healthcare District.

**Please
PRINT
Form**

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail _____

Phone _____

Fax _____ Best time to call _____

The following information is required for contributions of \$100 or more. Please PRINT.

Occupation _____

Employer/Business Name _____

Check Box
if
self-employed

Business Address _____

There is **NO limit to the amount contributed to Shirley Apple Murphy for Grossmont Healthcare District.** Campaign finance laws require the disclosure of name, street address (No P.O.Boxes), occupation and employer for each contributor of \$100 or more in any election cycle. It is unlawful for a contributor to be reimbursed by any organization, business, or similar entity for a contribution supporting or opposing a candidate.

Campaign Mailing address:

FRIENDS OF SHIRLEY APPLE MURPHY
5457 SYCUAN ROAD • EL CAJON 92019