

DONATION FORM*
Columbus Community Bill of Rights PAC

EIN: 47-3039829
Treasurer: Greg Pace

Make checks out to: **“CCBOR PAC”** or **“Columbus Community Bill of Rights PAC”**
Mail this form and the check to: **CCBOR, 1362 Erickson Road, Columbus, OH 43227**

Date of Donation: _____

**Donor Full Name: _____

**Donor Full Address: _____

Donor Telephone: _____ Email: _____
(circle one)

Donation Amount: \$ _____ cash / check / credit card

*****If SELF-EMPLOYED or more than \$100*** (cash/currency, \$100 limit per donor per election):

Donor Occupation: _____

Donor's Employer (if self, name of company):

**REQUIRED FIELD

*\$10,000 annual limit per person/organization