



Check Donation Form

DATE:						
NAME (First, Last):						
ADDRESS:						
PHONE #:						
EMAIL:						
OCCUPATION:						
EMPLOYER:						
DONATION AMOUNT:	\$1,000	\$500	\$250	\$100	\$50	\$25
	Other: \$ _____					
CHECK #:	#					
SIGNATURE:						

Paid by Keith Feit, Republican, for State Representative. Contributions are not deductible as charitable contributions for federal income tax purposes. The maximum contribution is \$1,000 per individual or business, per election.