



## DONATE TO DON CAREY

Enclosed is my contribution of:

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Please fill out your credit card information below OR make checks payable to **Carey for Chesapeake**

Mail your contribution with this completed form to:  
**Carey for Chesapeake, 709 Phalarope St, Chesapeake, VA 23323**

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

I'm making this contribution on behalf of a company.

Company Name: \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employer Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Credit Card Information

Name on Card \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Payment Method:

Signature \_\_\_\_\_

CHECK  CASH  CARD

PAID FOR AND AUTHORIZED BY CAREY FOR CHESAPEAKE