



Henderson County, NC Democratic Party **DONOR FORM**

This information is required from all donors by the NC Board of Elections.

Date: _____

Name/s: _____

Phone (for party purposes ONLY): _____

Email (for party purposes ONLY): _____

Street Address (add PO Box if applicable): _____

City: _____ State: _____ Zip Code: _____

Occupation now or before retirement: _____

CHECK ALL THAT APPLY:

____ This is a one-time donation to HCDP GOTV

____ This is a one-time donation to HCDP Sustainability Fundraising

____ I committed to a monthly ActBlue Recurring Contribution for an amount of

\$ _____ to (check all that apply) _____ GOTV _____ TEAM _____ CORE _____ GOLD

____ I will arrange a monthly bank draft for \$ _____ with my bank Please count my

contribution toward _____ GOTV _____ TEAM _____ CORE _____ GOLD

Please fill out and return form with completed preferences to:
HC Democratic Party Treasurer
1216 6th Avenue West, Suite 600, Hendersonville, NC 28739