



DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE

IN-KIND CONTRIBUTION FORM

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: _____

Employer: _____ **Occupation:** _____

Value of Goods/Services: _____

Description on In-Kind: _____

Date Provided: _____

(Please attach all receipts and pertinent documents.)

Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation, and name of employer of individuals whose contributions exceed \$200 in a calendar year.

*I attest that I am a United States citizen or legal permanent resident of the United States.
This contribution is drawn from personal funds not from the funds of a corporation,
labor organization, national bank or federal contractor, which are prohibited by law.*

Signature: _____ **Date:** _____

*Please fax completed form and all relevant receipts and documents via fax to
Krista Jenusaitis at (202) 741-7356.*

Paid for by the Democratic Congressional Campaign Committee.
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