



REPUBLICAN PARTY OF HAWAII

DONATION FORM



Monetary Donation In-Kind Donation

Donor Information

| | | | |
|---|------------|-------|-----|
| Name | | | |
| Address | | | |
| City | | State | Zip |
| Phone | | Email | |
| Campaign spending law requires us to obtain the following information from individual contributors. | Employer | | |
| | Occupation | | |

I'm Retired

Monetary Donation

Amount \$ Cash Check

In-Kind Donation

Value of Donation \$

Description of Donation (if donating a gift certificate, please list certificate number(s))

| | |
|-----------|------|
| Signature | Date |
|-----------|------|

By signing this form, you confirm that the following statements are true and accurate:

1. I am a United States citizen or a permanent resident alien.
2. I am at least eighteen years old.
3. I am not a federal contractor.
4. This contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution.