



PO Box 1661
Lincolnton, NC 28093

Donation Form

* NAME: _____

* MAILING ADDRESS:

STREET: _____

STREET (2): _____

CITY: _____

STATE: _____ ZIP CODE: _____

PHONE: _____ EMAIL: _____

* AMOUNT: _____

* OCCUPATION (current or former): _____

* EMPLOYER (current or "not employed"): _____

*** This information is required by NC State Board of Elections**

Make checks payable to: *Lincoln County Democratic Party* or *LCDP*

THANK YOU !!!