

Yes! I will help Karen! Here's my contribution of:

\$5,400* \$2,700 \$1,000 \$500 \$100 Other

(*couples/households)

Make checks payable to Karen Keith County Commissioner 2020

Date: _____

Name _____ Phone _____

Address _____ zip _____

email _____

Occupation _____ Employer _____

Please bill my credit card \$ _____

Visa Mastercard Discover American Express

Credit Card Number _____

Exp. Date _____ CVV _____

Signature _____

Yes! I want to help Karen by volunteering

Yes! I would like a yard sign

Signature of contributor _____ **Date** _____