

Downloadable Donation form

Thank you for supporting Mike Bell!
Please complete all parts of this form and return with your payment to:

Mike Bell for Toledo
405 Madison Ave
Suite 1550
Toledo, OH 43604

Personal Information (Note: please complete all information):

Last Name : _____

First Name : _____

Billing Address : _____

City, State, Zip : _____

Home Phone : _____

Email : _____

Payment Information

Check

You may send your check made payable to Mike Bell for Toledo to the address above

Credit Card

Payment Type - Circle One: Visa MasterCard Discover

Credit Card # : _____

Expiration Date : _____

CSC (3 digit security code n back of card) : _____

Signature : _____

Date : _____

I confirm that the following statements are true and accurate:

- I am not a foreign national who lacks permanent residence in the United States.
- This contribution is made from my own funds, and not those of another.
- This contribution is not made from the funds of a corporation or labor organization.
- This contribution is made on a personal credit card or debit card for which I have the legal obligation to pay, and is not made either on a corporate or business entity card or on the card of another person.
- I am at least eighteen years old.