



Contribution Form

Mike, please accept this contribution to your campaign for State Senate so you can continue to protect our families and all taxpayers.

___ \$500 ___ \$250 ___ \$150 ___ \$75 ___ \$50 ___ \$25 Other \$ _____

Name: _____

Home Address: _____

City, St, Zip: _____

Phone: _____

E-mail: _____

Employer: _____ Occupation: _____

Employer Address: _____

*Corporate Contributions prohibited. Contributions are not tax deductible for income tax purposes.
State Campaign Finance Law requires the following be shared with the PA Department of State:
For Donations between \$50 and \$250: Name, Address, City, State, Zip Code
For Donations above \$250: Name, Address, City, State, Zip Code, Employer Name, Employer Address,
and Occupation*

Please make check payable to: **MIKE REGAN FOR SENATE COMMITTEE**

Mail to: **Mike Regan for Senate Committee**

Att: Campaign Treasurer
P.O. BOX 811
Mechanicsburg, PA 17055

Thank you for your support!

Paid for by Mike Regan for Senate Committee