## FRENCH HILL **ONGRESS** FOR C

## DONATE TO FRENCH'S CAMPAIGN!

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## Please Select an Amount

Please Select an Amount		Personal Information
	\$6,600 \$3,300 \$1,000 \$250 \$100 \$50 \$25	First Name:Last Name:Email:Address:Suite/Apt No.:City:State:Zip Code:
	Other amount (please specify)	Phone:
Othe	r <b>amount: \$</b> One-Time Contribution Recurring Monthly Contribution*	*Legally Required Employer:
Payment Information		Occupation: *Federal law requires us to also collect and report the
VISA	MasterCard EXPRESS DISCOVER INTROM	occupation and name of employer of individuals whose contributions exceed \$200.00 in an election cycle. If you are not employed enter "none" on the lines for Employer and Occupation, subject to federal contribution limits.
Name on Card:		the statements below are true and accurate.
Card Number: Expiration: Security Code: Check Number:		3. I am either a United States citizen or an individual lawfully admitted with permanent residence status (e.g., a "green card
		Dr Email to: person who is a rederal contraction (in owner or an EEO of partnership that has a federal contract may contribute from their individual funds, but a sole proprietor may not. Please contact us if you have questions about your status).

French Hill For Arkansas P.O. Box 7841 Little Rock, Arkansas 72217

> Contributions to French Hill for Arkansas are not deductible as charitable contributions for Federal income tax purposes.

ElectFrench@gmail.com

5. I am at least 18 years of age

or the card or check of another.

6. This contribution is made on a personal credit/debit card or

check and is not made on a corporate/business card or check

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