PLEASE JOIN AAHKS FOR A VIRTUAL FUNDRAISER IN SUPPORT OF

Congressman Roger Marshall, M.D.,
Candidate for U.S. Senate, Kansas

Monday, June 22, 2020
8:30pmET
**Upon rsvp a go to meeting link and calendar appointment will be sent

Suggested Contribution Levels
Host - $250 individual
Attendee - $100 individual

RSVP to Stacie Monroe
419-250-5873 or monroe@thedocshop.org

Paid for by Kansans for Marshall
Contribution Information

❑ Yes, I would like to attend the April 28 Virtual Event!
❑ I am unable to attend the event but would like to make a contribution.

Enclosed please find my contribution of:

☐ $1,000  ☐ $500  ☐ $250  ☐ $100  ☐ Other $__________________________

Each individual may donate up to $2,800 per primary and $2,800 per general election from personal funds. Contributions in excess of the primary election limit will be designated for the general election. Contributions or gifts to Kansans for Marshall are not tax deductible.

Make checks payable to: Kansans for Marshall

Mail or Email this form to: Kansans for Marshall
3410 Alabama Ave, Alexandria, VA 22305
monroe@thedocshop.org

Contribute online: https://kansansformarshall.com/docs

Please Direct Questions to: Stacie Monroe
Phone: 419-250-5873
Email: monroe@thedocshop.org

PLEASE COMPLETE THE FOLLOWING

Contributions to Kansans for Marshall are not deductible as charitable donations for federal income tax purposes. Contributions are subject to federal limits and prohibitions. Federal law requires us to use our best efforts to collect and report the name, mailing address, occupation and name of employer of individuals whose contributions exceed $200 in an election cycle. Contributions by corporations, foreign nationals (non green card holders), labor unions, national banks, and federal government contractors are prohibited. Not Printed at Government Expense.

Name (s) ____________________________________________
Mailing Address _______________________________________
E-mail_________________________________________________
Phone (H):____________________(W):____________________(C):____________________
Occupation_____________________ Industry____________________
Title____________________Employer ________________________

COMPLETE THE FOLLOWING TO CONTRIBUTE BY CREDIT CARD:

Credit Card Type - VISA ☑ MC ☑ AMEX ☑ DISCOVER ☑

Card Number _____________________________________________
Amount $________________________Expiration Date ______________________
Security Code________________________Cardholder’s Name ______________________
Signature ___________________________

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