



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](mailto: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](mailto:monroe@thedocshop.org)

**Contribute online:** <https://kansansformarshall.com/docs>

**Please Direct Questions to:** **Stacie Monroe**  
**Phone: 419-250-5873**  
**Email: [monroe@thedocshop.org](mailto: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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