

Dr. Kelli
WARD
U.S. SENATE



Pat Doherty

**Invites You to Attend
a Fundraiser**

for

Dr. Kelli Ward

Candidate for U.S. Senate

From the Great State of Arizona

Tuesday, January 30, 2018

5:00 PM to 7:00 PM General Reception

Quail Creek Country Club

2055 E. Quail Crossing Blvd., Green Valley, AZ 85614

Light Refreshments

Attire: Business Casual

Suggested Donation: \$100.00

Please RSVP to dohertypp@comcast.net
by January 23, 2018

Paid for by Kelli Ward for Senate, Inc.



RSVP
For Meet and Greet Event

Yes, I/we will attend the event

Please reserve _____ General Reception tickets (\$100)

I/we cannot participate, but still want to help. Enclosed is a contribution of \$ _____

Name _____

Address _____

City, State Zip _____

Email/Phone _____

Occupation/Employer _____



Cardholder's Name _____

Account Number _____ CVV Code _____

Expiration _____ Signature _____

Checks may be sent to:
Kelli Ward for Senate
1628 E. Southern Ave. #9329, Tempe, AZ 85282
If paying by Credit Card please call 480-508-5278

Meet Kelli and Discover What a Positive Force She Will be in the U.S. Senate

Contributions to Kelli Ward for Senate, Inc. are not deductible for federal tax purposes. Contributions from corporations, foreign nationals or federal government contractors are prohibited. Contributions are subject to the limits and prohibitions of the Federal Election Campaign Act. 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. By submitting this contribution, you verify the following statements are true and accurate: This contribution is made from my own funds and will not be reimbursed by any other person or entity; This contribution is made by a U.S. citizen or lawfully admitted permanent U.S. Resident, not a foreign national or federal government contractor; and This contribution is not from the general treasury funds of a corporation, union, or national bank.

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Gift In-Kind Form

Donor Information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email: _____

Employer: _____ Occupation: _____

Value of In-Kind Donation (Cannot exceed \$2,700 per person or \$5,400 per couple) : _____

Description of Item/Services: _____

Please return this form to:

Ward for Senate
1628 E. Southern Ave #9329
Tempe, AZ 85282

This form does not serve as a receipt for this contribution, but is intended for our internal record keeping purposes only. A receipt describing the items or merchandise donated will be required to be returned with the form as well.