



- ☐ Yes, I would like to support your efforts. Enclosed is \$_____.
- ☐ I would like to host a reception for Erik Howell at my home or office. Please contact me:
by email: _____ or by phone: _____.
- ☐ I would like to display a lawn sign.
- ☐ You can use my/our name publicly as a supporter:

PRINT NAME

SIGNATURE

Please make checks payable and return to:

Howell for City Council 2016
203 Placentia Avenue, Pismo Beach, CA 93449
campaign: (805) 556-4640 mobile: (805) 720-2961
email: Campaign@erikhowell.com www.ErikHowell.com

The following information is required by law:

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____

OCCUPATION _____
(Required)

EMPLOYER _____
(Required) (If Self-Employed Name of Business)

For your convenience, we can also accept contributions by credit card.

Credit Card Charge: ☐ Visa ☐ Mastercard Card# _____

Specify Amount \$ _____ Expiration Date _____

PRINT NAME (as it appears on the card)

SIGNATURE

Contributions are not tax deductible. Howell for City Council 2016 (ID #: 1377790)