



DONATION PROCESSING FORM

Donation Amount: \$ _____ **(enclose check with this form)**

*Name of Donor: _____

*Physical Address: _____
(a physical address MUST be provided – DO NOT LIST A P.O. BOX)

Mailing Address: _____
(optional, if mailing address or P.O. Box address is used and is different from the above)

*Occupation of Donor (if individual): _____
(for Retirees, list "Retired"; list N/A if corporate donation)

*Employer of Donor (if individual): _____
(for Retirees, list "N/A"; also list N/A if corporate donation)

Donor's Email Address: _____

Donor's Telephone Number: _____

**Fields marked with an asterisk (*) are REQUIRED fields for compliance with the rules and regulations set forth by the Fair Political Practices Commission (FPPC)*

PLEASE COMPLETE THIS FORM, PRINT OUT AND INCLUDE WITH YOUR CONTRIBUTION; THE COMMITTEE CANNOT ACCEPT YOUR CONTRIBUTION WITHOUT INFORMATION ON ALL REQUIRED (*) FIELDS ABOVE

Checks can be made payable to:
Sonoma County Family Farmers Alliance

Your donation and completed form can be mailed to:
Sonoma County Family Farmers Alliance
3589 Westwind Boulevard
Santa Rosa, California 95403