



Haidar Awad

Hawthorne City Council

ID#1376852

AWAD CONTRIBUTION FORM

To comply with California law, we must obtain, maintain, and submit the name, mailing address, occupation and employer name for all contributors (check or credit card). **Please fill out the information below.**

Print Name

Street Address

City _____ **State** _____ **Zip** _____

Employer (business name if self-employed) _____ **Occupation** _____

If self employed, nature of business _____ **If PAC, your ID No.** _____

Phone: Home _____ Work _____ Mobile _____

Fax _____ Email _____

Personal _____ Business _____

Please make checks payable to **AWAD FOR COUNCIL 2015** or you may use the credit card form below. Corporate, business, and individual contributions are accepted. Contributions to this committee are not considered charitable contributions for income tax purposes.

CREDIT CARD CONTRIBUTIONS (Please fill in information above and below)

Name on Card

Billing Address

City/State/Zip

Card Number _____ Exp Date _____ 3 or 4 Digit Code (back of card) _____

OPTIONAL: Recurring monthly for months

\$ Amount _____ MC _____ Visa _____ AMEX _____ Discover _____

Personal _____ Business _____

Signature