



CONTRIBUTION AMOUNT

I would like to contribute:

- \$25 \$100 \$500 \$2300
 \$50 \$200 \$1,000 Other: _____

PAYMENT INFORMATION

First Name _____ Last Name _____
Credit Card # _____ Exp Date _____
Billing Address _____
City _____ State _____ Zip _____
Phone _____ Email _____

EMPLOYMENT INFORMATION*

Occupation _____ Employer _____

*This information is required by Campaign Finance Law.

CONTRIBUTION ELIGIBILITY

- Please check this box if all statements below are true. (Box must be checked to donate.)
- I am a United States Citizen or a permanent resident alien.
 - This contribution is made from my own funds, and funds are not being provided to me by another person or entity for the purpose of making this contribution.
 - I am making this contribution with my own personal credit card and not with a corporate or business credit card or a card issued to another person.
 - I am not a federal contractor.
 - I am at least eighteen years old.

MAIL YOUR CONTRIBUTION TO:

Ruiz for Congress Campaign
1901 East Palm Valley Blvd, Ste 215
Round Rock, TX 78664

If you have any questions regarding this form, please call Ruiz for Congress Headquarters at 512-686-4257.