## **CONTRIBUTION INTAKE FORM**

State law require the following information:				
Full Name of Donor				
Donor's Street Address (No PO Box)		City	State	Zip
Phone	Email			
Please Choose one:				
If donor is an individual, provide occupat	ion and employer (if you are	"self employed" provi	de business	s name)
Occupation	Employer			
☐ If donor is a business or organization Type: ☐ Corporation ☐ LLC ☐ Partnership ☐ Other				
Name of <u>individual</u> with primary responsibility for approving this contribution:				
If donor is a PAC, provide SOS ID number:				
If donor is a PAC, provide SOS ID number	!r:			
For check contributions, please co	omplete this form and th	ne make check paya	able to:	
"Save San Francisco" and mail to: Save SF				
45 West Portal Avenue				
	San Francisco, CA 94	112/		
Contribute online at: SaveSF.org				
Save San Francisco is permitted to	accept unlimited donation	ons from individuals	s, PACs, co	orporations,
partnerships, LLCs, nonprofit orga	nizations, and any other	r sources not prohib	bited by la	aw.
Contributions may not be accepted (Green Card holders).	ed from foreign nationals	s without permaner	nt residen	cy status
Due to campaign finance laws, the	e committee cannot acc	ept contributions c	of \$100 or	more in
the form of cash, money orders, c	or cashier's checks. Chec	ks must be pre-prir	nted with t	the
donor's name and a contribution f who signed the check.	rom a personal account	will be attributed t	to the indi	ividual
Wild signed the check.				

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