



YES, I WILL CONTRIBUTE TO SUPPORT CHRISTINE BISH

Contribution amount options: \$7,000, \$3,500, \$2,500, \$1,000, \$500, \$300, \$100, \$75, \$25, Other: \$

PAYMENT INFORMATION: Visa, MasterCard, American Express, Discover, Check

Name on Card: _____

Card Number: _____ Exp. Date: _____ Security Code: _____

My signature verifies that this contribution represents my personal funds and is not drawn on an account maintained by an incorporated entity or other prohibited sources.

Signature of Contributor: _____

Signature of Spouse (if joint contribution): _____

PERSONAL CONTACT INFORMATION

Full Name: _____

Address: _____

City/State/ZIP: _____

Home Phone: _____ Work: _____ Cell: _____ I consent to receiving text messages

Email: _____

Occupation: _____ Employer: _____

Please make checks payable to: Bish for Congress

Mail to: P.O. Box 7153, Citrus Heights, CA 95621

Or give online at: www.BishForCongress.com

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