

PLEASE MAKE CHECK(S) PAYABLE TO:

"Friends of Robert Brackett" 526 E Park Ave Tallahassee, FL 32301

Signature

QUESTIONS? CONTACT:

Rick Porter 407-849-1112 rick@politicalcapitalflorida.com

THIS CONTRIBUTION IS FROM:	
☐ Business (Name of business):	☐ Individual (First & Last Name):
CONTRIBUTOR INFORMATION	
Contact Name: Prefix First	Middle Last
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City State S	Zip Work Phone
Type of Business (For Corporations)	
Cell Phone Email	
Employer Occu	pation
CREDIT CARD CONTRIBUTIONS	
Credit Card: (Check One)	DISCOVER®
This Card Is Used For: ☐ Business ☐ Personal	If business, name of business
Card Number	Amount _ \$
Expiration Date CSC	Cardholder Name

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