

**Calhoun County Democratic Party
Contribution / Membership Form**

Date: _____

YES, I want to contribute to Local Democratic Candidates and Issues.
Please indicate the amount (any contributions are appreciated).

A: \$____.____

AND

I want to join the Calhoun County Democratic Party
__ Student/Retiree - \$5 __ Basic - \$15 __ Harry Truman Club - \$50
__ Supporter - \$25 __ Couples - \$40 __ Eleanor Roosevelt Club - \$300

B: \$____.____

Total A & B:
\$____.____

Please make checks payable to:

**Calhoun County Democratic Party
P.O. Box 1654
Battle Creek, MI 49016-1654**

Name(s): _____

Address: _____

City: _____ State: MI Zip-Code: _____ - _____

Phone: _____ Email: _____

Voting: City/Township: _____ Ward/Precinct: _____

Please sign me up to receive the Calhoun County Democrats Email Newsletter: _____

I am interested in helping with the following Party activities:

- Fund Raising
- Special Events
- Membership
- Political Organizing
- Canvassing
- Phone Bank
- Mailings
- Poll Worker
- Publicity
- Office Work/Data Processing