

RE-ELECT COUNCILMEMBER LAURIE CAPITELLI

YES! You can count on my support.

You may use my name as an endorser.

My check payable to "Capitelli for City Council" is enclosed.

\$250 \$200 \$150 \$100 Other \$_____

Please charge my credit card: Visa Mastercard

Card Number _____ Exp. Date _____

Name on Card _____ Signature _____

I will also:

<input type="checkbox"/> Display a yard sign	<input type="checkbox"/> Make calls
<input type="checkbox"/> Walk door-to-door	<input type="checkbox"/> Host a house party
<input type="checkbox"/> Help in the office	<input type="checkbox"/> Work on Election Day
<input type="checkbox"/> Donate goods/services	<input type="checkbox"/> Other _____

Please print and fill out completely. Information with asterisks* is required by law. Thank you!

^Full Name*

^Street Address*

^City*

^State*

^Zip*

^Home Phone

^Cell Phone

^Work Phone

^Email

^Occupation*

^Employer/or Self-Employed*

Individual donor limit: \$250. Contributors must be U.S. citizens or permanent residents. Donations are not tax-deductible.

Please return this form to:

Laurie Capitelli for City Council
1767 Sonoma Avenue
Berkeley, CA 94707-2548

(510) 526-1291 ▲ www.laurie4council.com