**Directions:** Make checks payable to 'Janelle Cass For Edmonds'. Print out and complete this form. When finished, enclose donation along with this form in secure envelope and **mail to**:

Janelle Cass For Edmonds PO Box 422 Edmonds, WA 98020

Thank-you for donating to Janelle Cass For Edmonds!

Donation Amount (\$)											Check		Cash
*Please note that contri	butions are l	limited	l to	\$500	0 pe	r ind	ividua	al or \$	1,00	0 per	couple	e pe	r
election.					•				-	•	•	•	
Your Info													
First Name (required):													
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Address (required):													
City/State/Zip (required	d):												
Phone: □Cell □Work	∷⊟Home												
Email:													
Employer Info** (the law requires that we ask for this)													
Occupation (required)													
Name of Employer (reg	uired)												
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\*\*If you are retired or unemployed, you may put 'N/A' for all three employer entries above. If you are self-employed, indicate your occupation and put 'Self-Employed' as your employer.

Thank-you for your donation!